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Original Communications.

TUBERCULOSIS AND SOME OF ITS SURGICAL FORMS, WITH REPORT OF CASES.

BY WILL K. SHEDDAN, M.D., OF WILLIAMSPORT, TENN.

(*Concluded.*)

As to the last branch of thought in connection with my subject, the treatment of some of the surgical forms of tuberculosis, I will only speak of the treatment of a few of the surgical forms and not of the treatment of general tuberculosis or any form that is not amenable to surgical treatment. As my paper has at least become tediously long to the Society ere this, I forbear to speak of the treatment of general and pulmonary tuberculosis, and in speaking of the treatment of the surgical forms I will report the cases and give the treatment employed, and the results attained.

Case I. Dr. ———, aged 26 years, native of Tennessee, of

good family history, five feet ten inches high, weight one hundred and twenty-five to one hundred and thirty pounds when in health. He was for several years subject to attacks of acute suppurative tonsillitis and catarrhal laryngitis, and in his professional work in the West, in Texas and Colorado, where he practiced his profession, he was associated intimately with a great many cases of tuberculosis. He first noticed, after an attack not so severe as usual, however, of tonsillar and larnygeal inflamation, that on the subsidence of the acute symptoms there still remained some trouble with the larynx, and this gradually grew worse until he returned to Tennessee, when he consulted Dr. G. C. Savage, of Nashville, who pronounced his trouble to be tubercular laryngitis. At this time he came on home to his father, in Maury County; his father being a physician. Soon after his arrival I saw him in consultation with his father and we were able to agree with Dr. Savage's diagnosis, though at this time there was no trouble with the lungs or any other of the organs, except the larynx, so we directed our treatment to the improvment of his general health, and local measures directed to the larynx, using in the throat sprays of the various germicidal agents and insufflations of iodoform.

His general condition improved, he gained twelve pounds in about two months. The throat, he thought, better, but on laryngscopic examination I found there was no improvement of a permanent character—it was in a more comfortable condition owing to its being kept clean. At this time he returned to his western home, and soon after his return had the misfortune to have his horse fall with him, from which he sustained a slight injury to the spinal column that laid him up for a few days. When he again began to go about, though his back still gave him trouble, and in this time the throat began to give more trouble, he returned again to his father's home; it being some two months after the fall of his horse. On examination of his back, there was a very marked posterior curvature of the spinal column, and we pronouuced it a case of Pott's disease. The throat was also worse, and he now had great difficulty in swallowing food and drink. At the same time there was an involvement of the lungs. He now visited Nashville and consulted Prof. W. T. Briggs with regard to his spinal trouble, who confirmed our diagnosis

and applied a spinal brace that afforded him great relief so far as his back was concerned; but the throat and lung trouble grew rapidly worse, and he died in about two months after his return to his father's the second time.

This was undoubtedly a case of primary invasion of the larynx with, afterwards, other points of localization following some slight injury, thereby forming the necessary *locus minoris resistentia* to cause such localization.

Case II. Miss ———, white, aged 20 years, family history good, both parents living and healthy. She was the subject also of repeated attacks of tonsillar and laryngeal inflammation, and during her pupilage at the boarding-school she was associated with a room-mate who was the victim of incipient, though progressive, pulmonary tuberculosis, which caused her death soon after. During this time and on the cessation of an attack of the acute, inflammatory throat trouble she noticed slight soreness about the larynx and some considerable hoarseness, for which she consulted me soon after. On her return home from the school she was much broken down in her general health, being anæmic and emaciated, though in health prior to this she had been rather plethoric and robust. On examining the throat with the laryngoscope I found what I considered a tubercle nodule on the right vocal chord, and also a similar one on the posterior surface of the epiglottis. There was now some dysphagia as well as marked aphonia. The nodule on the epiglottis soon began to break down in its central part. So, to confirm my diagnosis, I removed a small portion of this nodule and inoculated the eye of a rabbit in the anterior chamber, which, in about four weeks, developed a typical tubercle nodule of the iris from which I inoculated a second rabit in the anterior chamber of the eye with a result similar to the first. So, having satisfied myself that I had a case of tubercular laryngitis to deal with, though there was no evidence at that time, nor has there been since, of any lung involvement, I expressed an unfavorable prognosis to the patient. But I put her on a general treatnent to improve her general condition, the medicinal agents used being bichloride of mercury, arsenic in some form, usually Fowler's solution or the solution of the chloride of arsenic. I also generally used the tinct. ferri chloridi. These I used alternately with the phosphorus compounds, and all

during this time regardless of which class of remedies she was taking, I gave her creosote by the stomach, all it would tolerate, and also by inhalation, four or five times a day. I gave her a liberal diet of the most concentrated and highly nutritious character that I could think of, consisting of milk, eggs, beef, mutton, fruits of all kinds, vegetables of any kind she would take. I allowed her to have this dietary prepared to suit her taste. I also required her to stay out-doors in the sunshine and take all the exercise she could on foot as well as on horseback. Under this regime her general health improved rapidly; she gained flesh, her color improved markedly, and in three months she had gained about twenty-five pounds in weight. At the same time I used the measures mentioned to improve the general health, I was treating the throat locally, using germicidal sprays to cleanse the throat, using often Dobel' solution, after which, by the aid of the laryngeal mirror, I applied to the nodules a solution of chloride of zinc, varying in strength from ten to twenty per cent. After this I used freely with an insufflator, Merk's iodoform. With this plan of treatment, locally, my patient made good progress, and at present, now two years having elapsed, has no trouble. The nodules in the larynx have disappaared and to all appearances my patient is well. She is now able to sing or talk as well as she ever did before the throat was attacked. However, I am still very careful to have her well protected from all exposure to sudden atmospheric changes, and to keep up her general nutrition to as high a state as possible, by liberal diet and exercise. I do not wish to be understood as reporting this case as a cure, for I fear there may yet be lurking in or around the cicatrices in the larynx some bacilli or spores that, if the general and local conditions were favorable to their development, would again begin their terrible work and yet destroy my patient.

These two cases are all the cases of primary laryngeal tuberculosis that I have had under my care. I have seen several other cases in connection with the pulmonary form of the disease.

Case III. G. W———, negro, aged 16 years, family history not known. This boy in a playful wrestle with a playfellow sustained, as he said, a sprain of the back. This was some ten months before I saw him. I was called to see him on account

of the trouble his back gave him. Found him with a well-marked case of Pott's disease, though there were no abscesses at that time. The disease was in the upper lumbar vertebra, so I suspended him by the head and shoulders and applied a plaster-of-Paris jacket, extending from the hips to the axillæ; first covering the posterior angular prominence at the seat of the disease well with absorbent cotton, to protect it from excessive pressure by the plaster-of-Paris jacket. He, however, soon began to complain, and said the jacket gave him pain on one side the spinal column, near the lower margin of the jacket, when I removed it. I found a well-marked circumscribed swelling; fluctuation was perceptible, he was also having some fever with one or two slight rigors, which, I thought, betokened septic infection, as well as indicated the necessity to use the knife, so I laid open the abscess, freely scraping out its cavity to the diseased bone. After thoroughly irrigating the cavity and sinuses with a hot solution of bichloride of mercury, one to two thousand, and insufflating it thoroughly with Merk's iodoform, and then packing it with sterilized iodoform gauze, I again applied the plaster jacket, cutting a trap in it over the seat of the abscess, and had the best general treatment for him that he could procure in the way of nourishment and medicine, using largely in his case a Syrup of hypophosphites, prepared by Mr. A. B. Rains, of Columbia, Tennessee, and had the pleasure of seeing my patient make an uninterrupted recovery.

Case IV. Mrs. —, white, aged 51 years, family history good, personal history good. While nursing her husband, who was afflicted with pulmonary tuberculosis, inocculated herself by scratching and abrading the lobe of the external ear, at the site of an old hole made in the ear for an ear-ring. She did not know it for some months or more afterwards, when she called my attention to an enlargement of one of the superficial crevcial lymph glands, which I found enlarged, slightly tender, but softened. I then noticed the slight nodule on the ear and got the above history of it.

Her general condition was good, so I at once removed the cervical gland and found it a caseous mass. After opening the capsule I removed all suspicious tissue near it; then, believing the nodule on the ear to be tubercular, I removed it thoroughly,

and washed out the wounds well, and used Merck's iodoform in the wounds freely and dressed them with antiseptic precaution.

My patient made a rapid recovery, and is well and sound, now four years since. The nodule from the ear in this case I preserved carefully and repeated the inoculation experiment spoken of in Case No. II, with the same results.

Case V. Miss ———, a younger sister of Case No. II, aged 14 years, a rather delicate girl, anæmic and slightly emaciated. She slept in the bed with her sick sister, and nursed her during her illness. She had a small furuncle appear on her right arm over the insertion of the deltoid, which, when it began to get well, annoyed her very much by itching. She scratched it with her infected nail, and soon around the cicatrix of the furuncle appeared nodules of tubercle that extended into the surrounding skin for some distance, presenting a typical case of lupus. Some of the nodules soon began to break down, and about this time I saw her first, and at once I began, by the use of the best tonic and alterative remedies at my command, to try to improve her general condition, at the same time making application of iodoform and various other remedies to the arm on which, however, the trouble was extending. Soon a lupus nodule appeared on the upper border of the external ear, caused by scratching the ear with an infected nail, as she would dress the arm herself, and said she remembered one day to have been bitten on the ear by a mosquito while she was dressing the arm and to have scratched the ear vigorously, which was soon followed by the appearance of the nodule spoken of on that part. About this time she received a fall, and the only injury she sustained was a slight sprain of the tarso-metatarsal joint of the great toe and a slight contusion over the subcutaneous border of the ulna. At both of these points of injury there soon after appeared the characteristic tuberculous formation. I now advised the removal of the diseased tissue at all the local points of development. The family now sought the advice of Drs. Douglas and Cain, of Nashville, both of whom concurred in my diagnosis, and she returned home in a few days to my care. Now, feeling that something must be done to get rid of the tubercle nodules and formations at the various local points of development, as her general condition had improved some, the menses having returned, it having

been suppressed, owing to the anæmia, and her body weight having increased six or eight pounds, I removed by the knife and Volkman's sharp spoon the mass from the ulna thoroughly, then dusted the cavity well with Merk's iodoform. This mass had undergone caseous degeneration. My wound healed nicely without any pus being formed, as I did this work under strict aseptic conditions.

I put the foot in a plaster-of-Paris dressing and kept it there two months. She would not permit me to use the knife on the foot nor ear, so I applied to the lupus nodules there a saturated solution of the chloride of zinc, and as soon as the slough it produced began to show lines of separation, with a Volkman's spoon I removed the whole mass down to the sound and healthy tissues, after which I thoroughly irrigated the wounds with a hot bichloride solution of one to one thousand. I dried it out thoroughly with borated absorbent cotton that had been kept sealed in aseptic jars, and when all oozing had ceased, applied skin grafts with the aid of Tieman's skin-grafting scissors, and succeeded in getting on a sufficient number, taken from my own arm. I now dressed it with the strictest antiseptic precautions, and had the pleasure of seeing my skin grafts all live and rapidly cover the whole of the denuded surfaces. My patient now began to improve rapidly in her general health.

After wearing the plaster dressing on the foot for two months, and after the other places were all well, I removed it to see, and, if necessary, to use the knife; but, to my gratification, that had about all disappeared, except a slight thickening, and that was in the fibrous tissue structures around the joint. My patient's general condition improved rapidly, and so continues, and at this time she is a perfect picture of a healthy girl, and has gained in seven or eight months twenty-five pounds in weight. I now feel that my patient is a sound girl.

Case VI. Lena J., mulatto, age 18 years, family history unknown, personal history imperfect. Was called to see her for what, at the first visit, I thought was probably a case of gonorrhœal cystitis. On my second visit, which was the next day, I made a vaginal examination with a Sim's speculum and failed to find any vaginitis or urethritis, so I concluded I did not have gonorrhœal cystitis. I had a cystitis, but from what cause I did

not know; so, after going along for several days, and my patient getting worse, although I was irrigating the bladder with boric, benzoic and salicylic acid solutions, and sometimes using injections of the argenti nitras of different degrees of strength, and iodoform, and numerous other remedies too tedious to name, and my patient getting from bad to worse fast, I, not having a cystoscope, determined to explore the bladder with my finger, which I did after dilating the urethra with Skene's dilator. I found at the base of the bladder a thickened mass in the mucous and submucous tissues, which I then thought, and now know, to be a tubercular formation. I advised supra-pubic cystotomy and the removal of the mass from the bladder with Volkman's spoon, or a currette, and making direct local application of iodoform and other remedies indicated; but she refused, and now she has some involvement of the peritoneum and lungs, and has no control of the bladder at all, and occasionally expels from the bladder some caseous masses accompanied with some hemorrhage. She is fast going the way of all the earth. This is the only case of primary tuberculous cystitis I have ever met, and was very anxious to see what could be done in the way of cure by cystotomy, either vaginal or supra-pubic, prefering the latter method, believing that it will give better access to the parts to be examined and treated.

Case VII. S. J., negro, aged 54 years, no family history or personal history of any value, sustained a slight sprain of the ankle-joint by making a false step. He thought but little about it for some month or two at least after. When he came to me I diagnosed it an arthritis of the ankle-joint and immobilized it with a plaster-of-Paris dressing to secure physiological rest, but it grew worse until I had to remove the plaster bandage, it being on about a month. When I removed it I found a soft, boggy swelling over and just behind the internal malleolus, so I cut into it, expecting to find pus but failed, for instead I found a caseous mass, and with the Volkman's spoon I removed the whole of the diseased structures, as I thought, washed out the joint with a hot bichloride solution of one to one thousand, filled it with iodoformized oil and applied antiseptic dressing, and reapplied the plaster dressing, cutting a trap at the side of the wound, but had to remove it in a few days, as the tarsal joints

now became involved, and I think now his only chance for life is an amputation of the leg above the ankle, which I proposed and think he will accept.

With this I will close my report of cases, and only add a little more as to the treatment of any of the surgical forms. In summing up my conclusions, I wish to say that I think that all localized tuberculous formations that are accessible to the knife, such as a few years ago were described and treated as scrofula, should be removed at once; embraced in this are tuberculous lymph-glands, testicles, lupus nodules, formations in bones and joints; and by such removal, systemic infection or extension to more important organs will be prevented. All cases of tuberculous arthritis of the more important points that do not readily yield to the employment of physiological rest and good general treatment should have the point opened and the tubercular products removed by scraping, gouging or cutting them out, and afterwards treated by injections of iodoform oil or iodoform and balsam Peru, and if this fails, be subjected to arthrectomy or an amputation. All tuberculous testicles, mammary glands, tubes, ovaries, and any other such organs accessible to the knife, should be removed. Operations for the removal of tubercular products from the cavity of the cranium have not had results to encourage the performance of such surgical work for their relief. Operations for the relief and cure of tuberculous peritonitis have been very satisfactory in their results as compared with other modes of treatment. See the reports of Mr. Lawson Tait, Drs. Senn and Deavor of their work in this field of surgery, and others who have had experience with that class of cases. Their results after operative procedures is far better than any obtained by any other method of treatment. In tuberculosis of the kidney, when but one is involved, nephreotomy should be done, as that gives the patient a reasonable show to recover. If both are involved, of course nothing except to palliate the condition of the poor unfortunate can be done. In primary tuberculous disease of the bladder, I think well of cystotomy, and might say that I believe in almost all, if not all cases, that the suprapubic method offers the best chance that can be had. After opening the bladder by this mode, and the removal with the curette or some such instrument of the tuberculous formation, and the applica-

odoform and other such remedies directly to the part, e patient the best possible chance for recovery, or, at st is what the few operations that have been done and ults would indicate.

conclusion of this paper, I wish to say that of the cases by me, in none of them was the diagnosis confirmed by opic examination, for the reason I do not have access to f sufficient power to show the tubercle bacillus. And ne of the main reasons for making the inoculating ex- ts referred to in the report of cases, which was done with as to contaminating the product to inoculate with by the of other pathogenic micro-organisms, for all receptacles ruments used in the experiment were perfectly sterilized ney were used. The eye of the rabbit was selected as the nt to inoculate, as the changes going on could be best there.

the general treatment employed, I will say that I regard d, good air, regular habits as to exercise, sleep and taking connection with good hygienic surroundings, of far more an any special climatic influence, or any of the often unted drugs from cod liver oil:—(that, unless I change ion I will never prescribe another dose of in tuberculosis, done my patients far more harm than good by derang- tion, thereby interfering with the very necessary pro- nutrition and reparation), from cod-liver oil down to tuberculin or Flick's inunctions of iodoform oil, or & Gibbes' chloride of gold and sodium and iodine with inhalations, I regard the above-named general principles ore importance than any of these so-called cures. Tonic ative remedies like iron, arsenic, mercury, phosphorus, iodoform and iodine, I use as I think them indicated inal agents in the treatment of this Nemesis.

ow in closing this far too lengthy paper, let me again necessity of preventive measures to eradicate this terror nity from our land. And finally I wish to acknowledge gations to the works of such authors as Rindfleisch, ten, Prudden and Delafield, Frankel, Cornil, Senn, Schueppel, Leunghans, Virchow and others, whose names ations from whose works appear in this paper. For the

information derived from these various sources makes the bulk of what I have written on this subject. And when and where I differ from any opinion expressed by any or all these authorities, it is done with a consciousness of my inferiority and their superiority, and is done simply to give expression to honest conclusions reached after deliberate study on my part of the subject under consideration.

ASTHMA.

BY E. S. M'KEE, M.D., 57 W. SEVENTH ST., CINCINNATI, O.

Ganglionic Asthma is described by Joal,[1] who has observed it in those children who have suffered from measles and whooping cough and the children of neuro-arthritic parents who present a bulbar over-excitability. After treatment, he considers the cutaneous revulsion of much importance, constant irritation between the shoulders. It is essential to do the work permanently but not painfully. At the same time one should combat the bulbar susceptibility, and administer the known anti-dyspnœics.

The neuoropathic element in spasmodic asthma has received considerable attention, and there have been many attempts to demonstrate the existence in the asthmatic of an underlying state of nervous instability. Brissand[2] collates a considerable amount of evidence to show that the true asthmatic may be regarded as a neurotic, and hence the removal of the supposed exciting cause (e. g. nasal polypi) can hardly be expected to be curative. The probability of some inherent nervous defect in a disease like asthma, the periodical recurrence of which reminds one of the epileptic storms, seems so self-evident that that it is singular so little attention is paid to it. The general conclusion is that asthma is only one manifestation of the general neuropathic tendency, and that the inheritance of nervous disorder is a main predisposing factor in the affection.

Chrystals of phosphoric salts are found in the nasal polypi and

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1. Archives de Centrale de Medicine, April. La Semaine, Medicale, July 1; also, reprint.
2. Revue de Medicine, December. Lancet, February 21.

in the sputum of patients suffering with bronchial asthma. Leyden[3] believes this presence in these two conditions form a relation between both disorders, but Loewy[3] says that it is not true that they have any relation to asthma when found in polypi because they are also found in such polypi which have never caused asthma.

Eosinophile leucocytes were found by Schmidt[4] on microscopical examination of the sputa in bronchial asthma. Leyden[5] speaks of them as peculiar large cells first described by Ehrlich. The cells are granular, and the granules stain markedly with eosin, which is their characteristic.

They are present in health and disease, but are greatly increased in number in leucocythemia. Mullern and Gollarsch have also found them in great numbers in the expectoration in asthma. Leyden found them present in six cases where he examined for them. These cells are larger than pus corpuscles, and contain one or more nuclei. They easily break down and give rise to heaps of granular matter, which absorb the cosin stain.

That it is only the irritation of the vagus which causes asthma is proven by Lazarus[6]. The author concludes: the attack begins with broncho-spasm and stenosis, then follow the catarrhal symptoms and hyper-extension of the lungs. This complex of symptoms is caused by irritation of the vagus occurring in a neurasthenic basis. If an animal is made apnœic by an apparatus invented by the author and curarized, and the nasal mucous membrane irritated by the electric current, an increase of the intra-bronchial pressure can be observed.

It is the opinion of Brengelmann[7] that persons suffering with asthma are never affected with tuberculosis. He believes the reason is that the catarrhal reacting bronchial and alveolar mucous membrane forms a very effectual dam to the entrance of the tubercle bacilli.

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3. Journal of Laryngology, October.

4. Centralblatt fuer Klinische Medicin, June 20. La Semaine Medicale, July 1. Schmidt's Jahrbucher, August.

5. Deutsche Medischinische Wochenschrift, September 17. Medical Chronicle, October.

6. Deutsche Medischinische Wocheuschrift, September 13, June 18, May 11, July 9. Journal of Laryngology and Rhinology, Ootober.

7. Internat. Klinische, August 23.

The treatment of asthma in children is considered by Blache[8]. He advises that the use of morphia in children should be made with great circumspection. Belladonna, however, is well borne, and can be used for a long time. The tincture of lobelia in large doses is recommended. Beginning with twenty drops the dose may be gradually increased until 3 drachms are taken in twenty-four hours. Grindelia robusta 15–20 drops at a dose. Inhalations of the vapor of pyridian mitigate the severity of the paroxysm. To the iodides, especially the iodide of potassium he gives the first place as a curative agent. Their efficiency, he thinks, depends upon their influence upon the brain and medulla, regulating nervous discharges. If not well borne replace by tincture of grindelia, arsenic or inhalation of pyridin or compressed air.

Euphorbia pilulifera is reported as another new and very successful remedy in the treatment of many cases of spasmodic asthma. This is a common weed growing in Australia. It is administered in 20 to 30 drop doses of the fluid extract every four hours. It may be used alone with water, or better with glycerine, which renders it less objectionable to the palate. The addition of half the quantity of fluid extract grindelia robusta, prepared with alcohol, will sometimes add materially to the efficiency of the treatment. This remedy is not recommended for the emergency, but for the pathological conditions which lead to the attack.

In case the attack is just coming on Dieulafoy[6] applies muriate of cocaine, 5 per cent solution to the interior of the nasal cavity, or apply a spoonful to the nasal cavity of the throat by means of a spray. If this does not suffice, 6 to 12 drops of pyridin may be inhaled from a handkerchief, or 3 or 4 grammes may be poured upon a cloth and kept near the patient's chair. Stramonium leaves and nitrated paper may be stuffed into a large pipe in alternate layers and smoked during the attack, if it is

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8. Bulletin Medicale, January 14. La Tribune Medicale, March 12, and 91. Medical and Surgical Reporter, March 21.

9. Medical Summary May.

10. Gazeta Medica Catalanal, Tomo, XIV., No. 1. Lancet and Clinic October 18.

well under way. If the attack is at its height, inject morphia hypodermically. In the intervals iodide of potash for fifteen days, then for fifteen days, belladonna. If emphysema is present, inhalations of compressed air are recommended. Residence in mountainous and elevated countries is to be avoided. Strong odors are among exciting causes, and should be avoided.

Pearse [10] thinks a person liable to attacks of asthma should be classed with those who have fits of epilepsy and occasional attacks of sick headache. They have unstable nerve centres, liable to explode their energies at any moment, and exhibit the pathological phenomena peculiar to nerve storms. Our treatment should be directed to break up this habit morbidly acquired by the nerve centres, and by prolonged medication to maintain the centres in a state of more stable equilibrium. This is done very successfully in epilepsy, and can also be done in asthma. Pearse gives for this purpose chloral and belladonna night and morning, or at least at bed-time, and finds afte a time the attacks diminish in frequency, and lessen in severity.

Tincture of conium in ½ drachm doses every half hour until four doses have been taken, has been favorably reported upon by Enders[11].

Fumes of the bromohydrate of ammonium chloride in the hands of Maxwell[12] have caused the disappearance of the dyspnœa after but few inhalations. Sometimes if the inhalations are made at the time a dyspnœic attack is threatened, the asthmatic seizure is entirely prevented. In order that the fumes should have a neutral reaction they should be passed through a wash bottle. He was first led to the use of this remedy by its favorable actions in some forms of bronchitis and naso-pharyngeal catarrh. To obtain these fumes he employed bromohydric acid of a specific gravity of 1.7.

To calm the nervous actions during the attacks Martinez[13] prescribes anti-spasmodics in combination with anesthetics, sometimes giving small doses of pilocarpine to relieve the bronchial exudation, after the attack, the iodide of potash along with

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11. Practitioner, January.
12. Medical and Surgical Reporter, March 7.
13. Journal de Medicine de Paris, May 31. Therapeutic Gazette, July

lobelia. The former he gives in small doses in milk, gradually increasing the dose; of the latter begin with 5 centigrammes and increase to 15 centigrammes daily in pill form. With this mode of treatment the author claims to have had excellent success in cases treated within a year, lessening the severity and prolonging the interval between the attacks.

For the continuous treatment Chisholm [14] employs peroxide of hydrogen in a muriate of ammonia inhaler, and so far has found nothing to equal it. He also advises the use of strong coffee and plenty of it at meals and other times of the day, if the patient desires it.

A CASE OF EXTENSIVE HEMATOCELE, RESULTING FROM TUBAL PREGNANCY, RUPTURING INTO THE FOLDS OF THE BROAD LIGAMENT.*

BY W. D. HAGGARD, M.D., NASHVILLE, TENN.,
Fellow and ex-President Southern Surgical and Gynecological Association.

Miss K. C., house-girl, age 24, jumped from an express-wagon, July 4, 1892. Her menses were past due. Shortly afterward she was seized with pain in the lower abdominal region, which grew worse during the night. Next morning a slight flow of blood from the vagina was present, which she regarded as a return of her menses.

For several days the discharge increased and the pain gradually grew worse. One week after the accident the family physician was called. He proposed a vaginal examination, but was refused. Opium and ergot administed without effect.

One week later another physician was called, who likewise asked for a vaginal examination, but without avail. At the expiration of the third week there was no improvement and the

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14. Anales del Circulo. Medico Argentine, Tomo XIV.

*A paper read at the fifth annual meeting of the Southern Surgical and Gynecological Association, held in Louisville, Ky., November 14, 15, and 16, 1892.

patient went to the Catholic Hospital. Dr. Coyle, the physician-in-charge, found an ovoidal tumor, as large as a cocoanut, above the symphysis pubis. It was very tender, non-fluctuating, and occupied almost a central position. As a vaginal examination was denied, he supposed the tumefaction to be a gravid uterus. The patient became dissatisfied at the hospital and returned

l to her, to meet Dr. Coyle in con-
ed for the foregoing history.
found anxious, restless, and im-
pain in her lower abdominal and
03°, pulse 120, skin hot and dry,
ıeadache. Globular tumor above
permit of palpation. Bowels tym-
. Vaginal examination revealed
tely occupied by a non-fluctuating
; to preclude a thorough examina-

c region was supposed to be an ex-
ent. The womb was closely hug-
ıal os patulous, discharging con-
with the arch of the pubes.
ical. Her position as a house-girl
possible rupture of the encapsul-
to the general peritoneal cavity,
and the inevitable peritonitis was
ıd drainage was discussed and dis-
ɔnly hope. Dr. Duncan Eve, who
, concurred. The patient, after a
the operation, and was removed to

day, August 7, 1892. Took ether
terior wall of tumor was adherent
they were incised together. The
›-peritoneal. About three pints of
ıt. Care was taken not to break
effectually warded off the hematic
cera.
horoughly irrigated, sponged dry,

and operation hurriedly completed. She rallied badly. The intense pain and restlessness, which had been partly controlled by morphia for the preceding thirty-six hours, became uncontrollable. She died at 12 P. M., 12 hours after operation.

Post-mortem.—Two hours after death, under great disadvantages. Incision reopened, adhesions between sac and abdominal wall broken. The entire abdominal viscera of deep modena color, matted together in places from peritoneal inflammation. No blood found in abdominal cavity. Pelvis carefully examined, viscera fused together in a conglomerate mass. Uterus sought for and found enlarged. Tubes were not recognizable. The pelvic viscera removed *en masse*. The rectum adherent and perfectly black. Uterus measured, antero-posteriorly, 1½ inches; transversely, 2⅝ inches; longitudinally, 5½ inches. The distended broad ligament, forming the sac, was greatly thickened.

Microscopist's Report.—The specimen (endometrium) given me for examination was submitted to the usual preliminary procedures and found to consist of large embryonal cells completely filling the spaces of a myxomatous reticulum. The cells were clearly the so-called "decidual cells," having a round or oval shape, and containing one or more nuclei; they varied in size, having a general average of about one-four-hundredth of an inch in diameter, or eight times the diameter or a red-blood corpuscle.

Remnants of utricular glands were present, but not numerous. Groups of connective-tissue corpuscles were scattered here and there. The specimen showed clearly that decidual formation had taken place. HUGH R. MILLER, M.D.

Although the fœtus was not found, that it was a case of tubal pregnancy, with rupture into the broad ligament, is clearly established by the clinical history and *post-mortem* appearances, which may be summarized as follows:

1. She confessed having had intra-pelvic trouble previously (presumably gonorrhœa), for which she was treated locally.

2. At the time of the accident, caused by jumping from a wagon, her menses were past due. As to how long, her statements are misleading.

3. There was a fitful yet persistent bloody flow from the uterus during her entire illness.

oxysmal, colicky pains in the lower abdominal and
ons, of frequent occurrence.
sistent refusal to submit to a digital examination, pro-
ing the detection of her pregnant state.
tem Appearances.—1. Enlarged and softened condi-
› uterus, with a patulous os, showing escape of a sero-
nt, stringent fluid.
argement of the left tube, with a well-defined cavity
› the fruit-sac escaped.
stence of a deciduous membrane, as revealed by the
›.
coloration of rectum, produced by blood dissecting
producing constriction and partial death.

Selections.

ON URINE TESTING.—Naturally, no human secretion
›n has been more extensively studied than the urine,
›mpilation of the analytical results will fill a large vol-
acticing physicians, however, can make but few of the
examinations, and among these stands pre-eminent,
ition of albumin and sugar. The determinations of
avity and reaction are so simple as to need no descrip-

n. Various nitrogenous bodies classed in albuminoids
rine, but the term is generally applied to that form
›oagulated by heat and certain dilute acids. The heat
ually applied is not very delicate, and is subject to a
hich may, however, be eliminated with proper care.
which it is intended to apply tests, should always be
but a portion of the unfiltered urine should also be
thout the addition of any chemical in order to ascertain
ll or any of the suspended matter will be dissolved in
liquid. Such solution will indicate a turbidity due to
or urates.
›eid test. This method, commonly known as Heller's
plied to the cold liquid. Expert manipulators usually

perform the test by placing about a half inch of strong nitric acid into a test tube, which is then inclined to the horizontal as possible, and a moderate quantity of the filtered urine allowed to run down the side of the tube and flow over the acid. The tube is then cautiously brought to the upright position, and the action noted. It will be found, however, somewhat difficult for those not expert in chemical manipulations to get satisfactory results. The liquids are apt to mix instead of forming distinct layers. An easier method is, after placing the nitric acid in the test-tube, to allow the urine to filter on to it, adjusting the funnel so that its tip touches the side of the tube, by which means the filtering liquid will run down and spread on the surface of the nitric acid. The white zone which is characteristic of albumin will then be seen at the point of contact between the liquids. Urine having a specific gravity of over 1030 may with advantage be slightly diluted before filtration.

Metaphosphoric acid test. This test has not come into very extensive use, but my own experience with it, which extends over a number of years, has been very satisfactory. There is some impression that it gives albumin reactions with all samples, but this is not the case. I have, at present, knowledge of at least two cases in which the presence of kidney disease was first detected through the test, although the urine had been very carefully examined by experts, with the ordinary tests. The manipulations are so simple that the test should always be used if merely as a confirmation. To apply it a piece of the solid metaphosphoric acid, about the size of a cherry stone is dropped into about an inch of the filtered urine in a test-tube. No heat is to be applied, and the tube is to be kept still. A white cloud forms around the pellet of acid if any albumin be present. In the absence of albumin nothing appears but a syrupy solution, which is *transparent* and ought, therefore, not to be mistaken for a precipitate.

The following test for albumin has been recently published, and is said to be of great delicacy.

The urine is acidified with acetic acid and cautiously dropped from a pipette into a solution of mercuric chloride (8 pts.) tartaric acid (4 pts.) and sugar (20 pts.) in 200 parts of water, when the presence of albumin is indicated by a small white ring

at the point of junction. The sugar is used to increase the density of the fluid, and with dense urines more sugar must be added to the testing liquid. Peptone gives no results.

Sugar reactions. As in the case of albumin, numerous tests have been proposed, but practically two are used; the copper and the bismuth tests. The copper test is well known, but the bismuth test, although the most delicate, is not as largely employed as it deserves. For deciding absolutely on the absence of sugar, or at least of appreciable amounts, the bismuth test affords the most satisfactory results. A good quality of bismuth subnitrate should be employed, and its suitability should be determined by testing it with samples of normal urine. The test is applied as follows: A pinch of bismuth subnitrate is added to the urine, ten or twelve drops of a moderately strong solution of caustic soda added, and the liquid boiled. Any sugar will show itself by the production of a distinctly black precipitate which will settle rapidly. Mere grayish precipitates are not to be considered indicative of sugar.

In applying the ordinary copper test, it must be borne in mind that the addition of sodium hydroxide to urine produces a flocculent precipitate of phosphates, which suspended in the brownish liquid, may be mistaken for the red precipitate of cuprous oxide indicative of sugar, but the distinction is easily made if the liquid is allowed to stand until the precipitate settles, when its nature will be shown.—*Henry Leffman, M.D., in Philadelphia Polyclinic.*

HYDROGEN DIOXIDE IN MORBUS COXÆ.—I have recently had under my care a case of hip-joint disease, which has been arrested, if not cured, by injections of a solution of peroxide of hydrogen (Marchand's). Similar cases may have been recorded, but they have escaped my observation. The transition from mastoiditis and allied diseases, after incision, to an open wound of the hip joint is easy, and naturally suggests similarity of treatment. Furthermore, in this class of cases the dioxide especially commends itself because it is the most potent of all non-poisonous germicides, and yields to but few if any of the poisonous ones in efficacy. Even in the absence of a sinus communicating with

the joint, it is possible with an aspirator to introduce a 10 to 15 volume solution into the cavity, breaking up the pus cells, disintegrating necrosed bone and preparing them for absorption or evacuation. The solvent and disintegrating action of the dioxide may be readily demonstrated by dropping a bit of dead bone into a solution of it, if, then, by the employment of a harmless remedy in such cases we can prevent sepsis, and in a few weeks bring about resolution, even with ankylosis, it is a desirable consumation. It will do away with many of the surgical procedures, while it aleviates the sufferings of the patient. By way of postscript, let me add, I yet hope to hear of pyo-salpingitis being relieved by some such means. In most of these cases the uterine orifices of the Fallopian tubes are dilated as well as patulous, and with a proper syringe, guided, if need be, by an incandescent lamp, the operation would seem to be feasible.—*C. M. Fenn, M.A., M.D., of San Diego, Cal., in Occidental Times.*

THE CHAMBER OF COMMERCE OF NEW YORK AND NATIONAL QUARANTINE.—The Chamber of Commerce held a meeting December 13th, to receive the report of the Special Committee on Quarantine, appointed on September 9th, which consists of Alexander E. Orr, Seth Low, Samuel D. Babcock, J. Pierpont Morgan, and Austin Corbin. Mr. Orr, who is Vice-President of the Chamber, presided, in the absence of President Charles Stewart Smith, and Mr. Low read a voluminous report, with the appended reports of the Advisory Committee of Physicians.

The reports condemned the present system of quarantine in New York, and advised in favor of national control, giving reasons substantially as follows:

"1. The Federal Government being an indispensable factor in every quarantine crisis, it is only by giving to the Federal Government complete control that conflicts of authority and the weakening effects of official jealousy can be avoided.

"2. The Federal Government, in every crisis, through the various arms of the public service, is able to command an amount of expert co-operation entirely beyond the reach of a State Department.

"3. The Federal Government has at command the trained

ıve to be summoned to the help of the State in time
t is better to have the Federal Government directly
instead of indirectly.
hese may be added the further consideration that the
ı of consuls with the quarantine officials is a matter
importance. The Health Officer complains that he
:eive the aid from this quarter to which he was en-
ıs clear that these officers would be less likely to be at
ard federal officials.
international supervision of infectious diseases is a
ıd very desirable outcome of recent experiences.
tcome would of itself necessitate a national quaran-

ıittee concluded the report by offering the following

l, That the Chamber of Commerce memorialize the
ıd Congress of the United States to enact, as speedily
ı suitable law placing the control of quarantine at New
t all other places under national control.
l, That the attention of Congress is respectfully
:he injurious influences that continued indiscriminate
may have upon the welfare of this country, in the
ıreful investigation relative thereto may be promptly

l, That the thanks of this committee be extended to
y Committee of Physicians for their invaluable ser-
nection with the recent quarantine at New York.
', That the President of the Chamber of Commerce
l to convey to the Governor of the State, His Ex-
ıswell P. Flower, and to the Secretary of the Treas-
United States, the Hon. Charles Foster, the high
ıreciation in which this Chamber holds their active,
ınd public-spirited services during the recent quar-
w York Med. Record.

N OF THE LIVER FOR HEPATIC TUMORS.—Dr. W. W.
:he result of the analysis of twenty cases of liver re-
e ages of these cases varied from twenty-one to fifty-

eight years. Sixteen cases occurred in females, which the author thinks may be due to tight-lacing. The tumors and portions removed have varied in size from a small nut up to three fists. Of the twenty cases, nearly all were incorrectly diagnosed; some were thought to be floating kidney, others tumors of the pancreas. The tumors were echinococcus and hydatid cysts, cancer, syphilis, sarcoma, and adenoma. Dr. Keen thinks that, judging by experiments on animals, a large portion of the liver may be removed without much danger, and without interfering with its function. Ponfick found that three-fourths of the liver could be removed, although prostration was very severe at first. The escape of bile into the peritoneal cavity is generally of no consequence. In preventing hemorrhage the base of the tumor should be severed by repeated small touches of the cautery point, the large vessels being all ligated. In the majority of cases the stump was returned into the abdominal cavity; in six cases, however, it was sutured in the abdominal wound. Of the twenty cases, seventeen recovered, two died, and in one the result is unknown. The mortality thus far has been about ten per cent. —*Boston Medical and Surgical Journal.*

A NATIONAL BUREAU OF HEALTH.—A bill has been introduced into the House of Representatives by Mr. Payne (Democrat), of Maryland, for the better protection of commerce and the general welfare, and for the establishment of a national quarantine. It is intended to prevent the introduction of contagious or infectious diseases into the United States from foreign countries or from one State into another, and to establish within the Treasury Department the National Bureau of Health. This bureau is to consist of a sanitary council composed of an executive commission and an advisory council. The Executive Commission is to consist of a Commissioner of Quarantine, a Commissioner of Internal Sanitation, and a Commissioner of Vital Statistics, who shall each receive an annual salary of $7,000. There shall be four members of the Advisory Council—the Surgeon-General of the Army, the Surgeon-General of the Navy, the Surgeon-General of the Marine Hospital Service, and an officer of the Department of Justice—who shall receive no addi-

tional compensation. The bureau shall meet at the time and place designated by the Secretary of the Treasury. The bureau shall perform all the duties in respect to quarantine which are now imposed upon the Treasury Department. It shall obtain information of the sanitary condition of foreign ports from which contagious or infectious diseases may be imported, and also weekly reports of the sanitary condition of ports and places in the United States. It shall make an annual report of its operations to the Secretary of the Treasury. It is made unlawful for any merchant ship from any foreign port to enter any port of the United States except under such rules and regulations as may be made under the provisions of this act. A violation of these rules shall be punishable by a fine not exceeding $1,000, which shall be a lien on the vessel. All vessels clearing for any port in the United States shall be required to obtain from the consul at the port of departure a bill of Health in the form prescribed by the Bureau of Health. This bill of Health shall be considered a part of the ship's papers.

The President is authorized to detail officers to carry out the provisions of this bill. The Secretary of the Treasury is authorized to accept, through such steps as may be legally necessary, the possession of all international and interstate quarantine stations and inspection posts. The Sanitary Council shall have authority to forbid entry of vessels from ports known or suspected to be infected with cholera, yellow-fever, small-pox, or other declared quarantinable diseases.—*Medical Record*, Dec. 10, 1892.

PROPHYLAXIS OF SURGICAL SHOCK.—Before the introduction of anæsthetics the endurance of an operation was in itself a cause of shock, just as an injury still is. This was partly prevented by benumbing the patient by laudanum or whisky. At present, of course, pain is set aside almost invariably by ether or chloroform. But, as was most pertinently suggested by Dr. Cheever, of Boston, we have not only not done away with shock from surgical operations; perhaps in some ways we have made it more likely to occur. Rapidity of operation, formerly of prime importance, is now regarded as needless, and patients are kept a long time in a state of narcosis. Free flushing of the wound, either with boiled

water or with antiseptic solutions, is very generally and too often recklessly employed; the patient is apt to become drenched, and to be very seriously chilled in consequence. Being unconscious, he makes no complaint of exposure to cold, or of the discomfort of wet clothes or skin. Any surgeon will attest the truth of these statements.

A patient who has met with an injury requiring operation is placed upon the table and anæsthetized; after a time he becomes pale and manifests all the symptoms of profound shock; he vomits the contents of a full stomach, and the whole system is at once relieved. Of course, this can always be avoided when the operation is not one of emergency, which must be done at once, without regard to the antecedent conditions.

When an operation can be foreseen and prepared for, the best safeguard against shock is the administration of a quarter of a grain of morphine hypodermatically half an hour or an hour before the time. Stimulants in moderation and well diluted to promote absorption, may also be given; however, I cannot wholly indorse Dr. Stephen Smith's proposition to give an ounce or two of whisky in hot milk every two hours, for eight or ten hours, so as to produce a state of semi-intoxication. Our rule at the Pennsylvania Hospital is to give only liquid food on the day of operation, and but a small allowance of that.

Here comes in the consideration of constitution and temperament. The feeble and timid need decided and vigorous stimulation physically and encouragement mentally. Stolid, calm, unimaginative persons are liable to have less shock, and hence require less in the way of precaution, than the nervous, irritable and sensitive. The patient should be well wrapped up, and during the entire time of operation all needless exposure of surface sedulously avoided. By proper arrangement of sterilized mackintosh the wetting of the clothing and of the skin, except at the part operated upon, can be prevented. No needless delay should occur either in lecturing or demonstrating the steps of the procedure, or in producing instruments overlooked beforehand.

The administration of the anæsthetic in any but very brief operations should be intrusted only to an experienced person, and should be carefully watched, only enough ether being given to maintain a sufficient degree of unconsciousness. The opera-

ld be performed as quickly as possible, with due regard
ghness of detail. Flushing of the wound should be
hot water only—water hot enough to make the exposed
ghtly gray or pearly in color, or at least as hot as one
ear the hand in. As soon as the operation is con-
d the vessels secured, closure of the wound should be
and the dressings, prepared in advance, should be ap-

be well now to consider the question of operation in
hock. Suppose the case of a limb hopelessly crushed,
e proper period for interference? It may be remem-
t some of the British military and naval surgeons were
ecommend "letting the knife follow the shot," with
hat the pain of the amputation would act as a stimulus.
s before the humanitarian period of surgery, and sprang
m the then prevalent idea that there was something
n the effects of gunshot wounds upon the human sys-
. of us have seen instances in which amputations were
l upon patients severely shocked from accidental injui-
rith a successful result. But I have repeatedly seen
ations end badly, reaction seeming to be checked, and
mptoms aggravated from the beginning of etherization.
ears ago I became satisfied that the effect of the inha-
her affords a tolerably fair test of the propriety of

A few whiffs of it may be given, the pulse being watched; if this gains in force and volume, and be-
ter, the other symptoms will probably decline also, and
istration can be continued until the patient is ready for

If the pulse flags or becomes irregular the ether once be withdrawn.—*Jno. H. Packard, of Philadelphia, l Standard.*

IPORTANCE OF ATTITUDE IN THE AUSCULTATION OF .—Dr. Azoulay, of Paris, says that the difficulty often d in analyzing and localizing abnormal heart-sounds in oung is known to most of us. The reason is that in the ollowing elements come into play—viz., great rapidity ats, the complicated character of the bruits and their

vagueness. In such cases the puzzled practitioner contents himself with the hypothetical diagnosis of peri- and endo-carditis. Dr. Azoulay states that he has devised a means of rendering the problem much easier of solntion. Dr. Jules Simon and himself have applied the method at the Paris Children's Hospital, and have thus been able to localize the extra- and intra-cardiac abnormal sounds. Dr. Azoulay places his little patients in the following attitude: trunk horizontal, dorsal position, arms raised vertically, lower limbs completely flexed, head raised. In this position of the body the normal sounds are considerably reinforced, while the beats are slowed; consequently the abnormal sounds are intensified and better localized. The assumption by the patient of the above position notably increases the pericardial friction sound. The utility of variations of attitude is great in examinations for life insurance and in the examination of recruits. If a person supposed to be in good health experiences, when lying down, dyspnœa and arythmia, and if the heart-beats are not slowed—all of which symptoms are absent in the upright attitude—a lesion of the myocardium may be diagnosed, and a fatal issue from asystole at a date more or less remote, according to the intensity of the above symptoms, expected.—*The Lancet.*

Inclined Decubitus in Gynecological Operations.—(*Deutsche Medizinal Zeitung*, September 12, 1892.—By Prof. Franz Schaccta, in Vienna.) The inclined decubitus consists in placing the body of the patient on an inclined plane, which forms an angle of about forty-five degrees with a horizontal plane. This is the so-called Trendelenburg's position. The pelvis is above and the head below. In order that the light may fall well into the pelvis, the table is so placed that the head of the patient is directed toward the light. The working of this position consists therein that by closed abdomen all the movable contents of the abdominal cavity glide upward toward the diaphragm, the space so vacated being filled up either by the pelvic organs or by the sinking in of the abdominal walls. In this position one can often distinctly feel the bodies of the lumbar vertebræ and the promontory of the sacrum through the abdominal wall. If there are adhesions of the intestines with the pelvic

organs and the intestines cannot glide well up out of the pelvis, there will occur no groove just above the symphysis pubis, as ordinarily, and adhesions can be inferred. If the abdomen is now opened, the intestines are found already well pressed up against the diaphragm, and the pelvic organs present with wonderful distinctness. If the abdominal walls are very rigid and tense, air will rush in with a swishing sound, and the intestines can be observed to glide upward to the diaphragm.

The advantage of operating with the inclined decubitus consists therein that we can see distinctly during the whole operation, which is especially important in case of hemorrhage from the depths of Douglas' *cul-de sac*. Further, one can demonstrate the position of the various pelvic organs to a great number of onlookers most beautifully, which is of great importance as far as teaching is concerned. As objection to this position is urged the danger of injury to the bladder, which glides upward like the rest of the pelvic organs, Schaccta is of the opinion this danger is scarcely to be considered, especially if the bladder has been previously emptied. In one hundred and four operations in this position he found no difficulty in avoiding injury to this organ, but he holds it advisable to always empty the bladder before operation in the inclined decubitus. Another objection is the possibility of pus flowing upward into the abdominal cavity, but this can be prevented by the proper use of compresses of gauze.

Schaccta points out another danger which two cases served to make him aware of, viz: the axis-twisting of the intestine. By experimentation on the cadaver he found that the intestinal coils which were originally on the right side below, glided upward to the left side. The body being again placed horizontal, the coils gradually assumed their original position. This occurred, however, only when the abdomen was left open. If the abdomen was first closed, and then the body placed in the horizontal position, the coils remained high up and to the left side. Owing to these facts, he has adopted the following rules when employing this position: "The patient is placed in the inclined decubitus before the operation is begun. After the operation is completed, the deep sutures are placed in position, but not tied; the edges of the incision wound are grasped and pulled somewhat forward, and

then the body is brought gradually into the horizontal plane. The head and shoulders are now slightly raised and the abdominal contents slightly agitated to facilitate their resuming their normal positions. The patient is again placed in the horizontal position and the sutures tied. Schaccta believes that in this way the changes in the positions of the intestines can be prevented. Cases which are suitable for this position are: Tumors of the adnexa, castration in myoma, tubal pregnancy in the first few months, ventral fixation, myomata and ovarian tumors, which do not extend higher up than the umbilicus.

(The transcriber has seen two cases in Heidelberg operated on by Czerny in which death occurred as a consequence of the axis-twisting mentioned by Schaccta. Both of these cases, however, had been operated on in the horizontal position, the twisting having occurred as a consequence of intestinal paralysis.)

Emmett (New York Journal of Gynecology and Obstetrics) is of opinion that the inclined decubitus is by no means a cure-all, but finds it a most useful adjunct in the treatment of chronic pelvic inflammations, in the idea that the position may produce a beneficent influence on the circulation of the parts. The foot of the bed can be raised eighteen inches, the patients standing this position for weeks without discomfort. It is of no use to elevate the foot of the bed less than twelve inches.—*James B. Bullett, M.D., in Am. Pract. and News.*

Appearance of the Eye in Disease.—The eyes are congested in variola, scarlet fever, rubeola, yellow fever, typhus fever, meningitis. They are projecting in asphyxia, hydrocephalus, hydrophobia, exophthalmic goitre, and sometimes in functional heart disease. They are sunken in collapse, cholera and hectic. They are staring in convulsions, apoplexy, catalepsy, meningitis and dementia. They are rolling in epilepsy and tubercular meningitis. They are photophobic in hysteria, meningitis and cephalalgia. The pupils are dilated in syncope, hysteria, collapse, asphyxia, epilepsy, drowning, uræmia, coma; generally in phthisis; poisoning by belladonna, atropia, fungi, and many vegetable irritants and narcotics. They are contracted in concussion, sunstroke, typhus fever, hemorrhage of

the nons; in poisoning by opium, morphine, prussic acid, calibar ergot of rye, and pilocarpine. . At first contracted and rd dilated in compression of the brain, in poisoning by , ether, and chloroform. At first dilated and afterward ted in severe apoplexy. They are unequal in paralysis, ssion of the brain, and posterior spinal sclerosis. They quently oscillating in epilepsy, typhus, and spinal scle- In diseases of the eye external signs facilitate diagnosis. ted in conjunctivitis, trachoma and ophthalmia. Dilated riasis, glaucoma, and amaurosis. Contracted in myosis, s and irritis. Photophobic in strumous ophthalmia, amauritis, sclerotitis, choroiditis and retinitis.—*Times and Reg-*

TREATMENT OF SPECIFIC AND NON-SPECIFIC URETHRITIS PICAL OLEAGINOUS MEDICATION.—So much has been on gonorrhœa that the medical world has a certain dis- or any new literature on the subject; suffice it to say that merous nostrums and panaceas for it are nearly as com- the disease is prevalent, and hence I feel a sincere mis- in even attempting an allusion to this subject, not to say ng of the many benefits to be derived by the novel treat- ereinafter described.

s than a year ago, while on a vacation, I was in charge of hundred men, some of whom were afflicted with the clap; ving but limited means at hand for their treatment, I was andary as to the best method to pursue. The majority of es which came under observation were from five to twelve ter incubation, being just about the second period or stage disease, which was marked by an abundant, thick, green- low discharge, considerable pain on micturition, much the caput and body of the organ, with redness of the and meatus.

attention had long since been directed to the remarkable ies of the chemical compound known as campho-phenique. h antiseptic and anæsthetic properties, its freedom from effects, and its complete solubility in bland fats and oils, ly suggested its usefulness in the treatment of many der-

matoses, and its tested and proven value in these, in turn, suggested its employment in the condition of things with which I was confronted.

Alkaline baths and a suitable regimen were enjoined, and each individual was directed to use the following injection from four to six times daily, by means of a small, blunt-pointed syringe, the contents, (about two drachms) being retained from one to two minutes:

℞. Campho-phenique, 1 to 2 drachms,
Benzoated zinc oxide ointment, 1 ounce.
Sweet oil sufficient to make 4 ounces. M.

This in a short time caused an amelioration of the symptoms and a rapid convalescence.

The constant and almost daily use of campho-phenique has suggested several beneficial oily combinations. When properly prepared and used judiciously, the effects are as startling as the cure is speedy and permanent. A satisfactory experience has demonstrated that this agent, when mixed with oils or fats, is one of great value in venereal diseases, having properties, which, for the sake of brevity, may be expressed thus:

1. It is an antiseptic, a local anæsthetic, and, in proper dilution, entirely inocuous to the tenderest urethra.

2. The vehicle should be albolene, benzoinol, any bland oil or fat or an ointment.

3. As an injection it appears to palliate the sensitiveness of the mucous membrane, and to act as a varnish over the entire tract, thus allaying the scalding and irritation subsequent upon micturition. Pain is greatly mitigated after the first few injections, each of which should be retained for several minutes.

4. Campho-phenique readily mixes with aristol or iodoform, should such a combination be desired. One scruple of either substance may be added to each drachm of campho-phenique. But small amounts of such mixture should be ordered, as they must be freshly made every day or two. It is well to remember that the antiseptic index of campho-phenique is many times that of either iodoform or aristol.

5. Campho-phenique injections, as described above, have proven highly efficacious and satisfactory in cases of erosive granulations, ulcers and indurations of the urethra. The trouble-

iarges due to inflammation of the lacunæ of the urethra
quickly to such injections, and danger of subsequent
s very much lessened.
duration of the disease is remarkably lessened by the
treatment, the average length being from twelve to
/s, and could, I think, be further shortened by increas-
.ily number of injections.
lowing are given as examples of the mixture spoken of
:

℞. Campho-phenique ½ to one drachm.
Iodoform, 1 to 1½ scruples.
Albolene, 2 ounces. Mix.

℞. Campho-phenique, ½ to 1 drachm.
Aristol, 1 to 1½ scruples.
Benzoinol, 2 ounces. Mix.

℞. Campho-phenique, ½ to 1 drachm.
Bismuth subnitrate, 2 drachms.
Olive oil, 2 ounces. Mix.

ius Chancellor, M.D., in Jour. of Am. Med. Asso'n.

Editorial.

USTITIA: THE SOUTHERN MEDICAL COLLEGE ASSOCIATION.

ditorial published in *The Journal of the American Medi-*
iation, of Dec. 10th ult., appears some very severe
upon the "Southern Medical College Association," re-
ganized in Louisville, Ky.
s organized by a few colleges located in sequestered
f the Southern States," "There is absolutely no ex-
ts existence," "The colleges represented in the new
t are not recognized as high grade schools," "They
illing to maintain the requirements of the National
It will readily be inferred that the people of the South
sirous of a very high degree of intellect in their med-
" "and their *clientele* will consist of the scavenger
etc., etc., are some of the delectable expressions con-

tained in this notice. It teems with the sentiment which the people of the South have long since learned to expect and tolerate from the partisan periodicals of their more frigid neighbors, but it seems to come with a bad grace from a national journal supported largely by the section so villified.

In point of fact let us see how this matter stands. Are the physicians of the South of a low grade of intellect as charged ? 'We believe not, but on the contrary, on every field where intellect, true manhood and professional acquirements have been the test, the Southern physician has ever maintained a position at least equal to that held by his Northern brother. It is a notorious fact that physicians Southern born and Southern educated, according to numbers, in the North, occupy a much greater proportion of distinguished and trusted positions than those reared and educated in Northern schools. This broad assertion may be true, if the editor of the *Journal* is the judge, but the Association did not seem to place so low an estimate on the professors of these low-grade schools when it elected such men as Eve, Bowling, Richardson, Campbell, and others native and to the manner born, to preside over its deliberations in the past, and only last year two professors in one of the same schools was selected to read the addresses on "Practice of Medicine" and "State Medicine" before the general sessions of the Association.

That the Southern College Association was organized by a few colleges located in sequestered portions of the Southern States is a misstatement, unless the gentleman takes the position — as he doubtless believes—that the whole South is sequestered.

The organization was effected after due notice of the time and place of meeting, by nearly every medical college in the South, present either by letters of authority or representatives—except one or two which had previously gone into the so-called National Association—since which time, we understand, that practically all of the Southern schools have ratified and accepted the terms of the organization.

Is there an excuse for its separate "existence?" The originators so believed, without a thought of sectional prejudice We are informed that several of the best medical schools of the North, while they occupy the most advanced position in medical progress and educational requirements, are not members of the

American College Association. They prefer to manage their own affairs in their own way. So the Southern colleges feel. They desire to raise the standard of medical education, and to dignify and honor the profession as high as the highest, but they propose to do this in their own way, and to recognize no interference or embarrassing legislation from those not wholly in accord with them.

Are the requirements of the Southern College Association in any respect below those of the American College Association? Surely no unprejudiced person can carefully read both and so conclude, besides they have the ring of sincerity and honesty in them. The gentlemen who were present at the organization of the Southern Medical College Association, which met and organized in the "sequestered" State of Kentucky, in the little village of Louisville, did not enact the farce of placing the entrance examination in the hands of the parties most interested.

In the requirements for matriculation the Southern Association requires qualifications of a second grade teacher in the public schools, which is practically uniform in the various States, and consists of the following: Orthography, Reading, Writing, Arithmetic, Grammar, Geography, History and Geology of the State in which applicant resides, History of the United States, Elements of Algebra, Agriculture, Plane Geometry, Natural History, Physiology and Hygiene, Civil Government, Bookkeeping, and Rhetoric or Higher English. The grade of attainment must average 7 out of a possible 10.

In point of educational acquirements, this is above that specified in the American Association, leaving out the little knowledge of Latin prose included in the latter, which is merely a farce as a requirement for a medical man. This little Latin for mental discipline is inferior to English composition, and would afford him so small a Latin vocabulary that it would be worth nothing in understanding medical technicalities—which, by the way, are mostly derived from the Greek.

The great excellence of the Southern organization consists in the method of examining applicants for matriculation in medical colleges prior to admission who are not graduates or recognized licentiates. It must be before a State or County (not country, as printed) Board of Examiners, such as examine the teachers of

our children, and should be independent of, and free from college influences, while the examination of applicants for matriculation as provided by the National Association may be before a committee composed of the faculty of the college proposed to be entered. To those acquainted with the methods of the average medical college, North or South, comment is unnecessary.

The requirements for graduation in the two organizations are substantially the same—attendance upon three courses of lectures of not less than six months in three separate years—except that the Southern organization requires a specified amount of laboratory work not required by the National Association. Now, pray, in what consists the inferiority of the Southern College Association as compared with the National Association? The object sought to be accomplished being identical, and the means employed being quite as adequate, why should not the Southern colleges organize in their own way without this outburst of self-righteous indignation?

More than a decade ago there was organized an American Medical College Association, in which nearly all of the Southern schools that are not regarded as "high-grade schools" held an active membership, and were strict in the observance of the rules and regulations pertaining thereto. To the surprise of many, two of the largest schools in the two largest Eastern medical centers were among the first to break away, and their defection was followed by the death of the Association. If this Association had been as well sustained in the North and East as it was in the South, there would have been no occasion for the organization of the Association at Nashville in 1889. That it should have been perpetuated is unquestionable; that it was not was no fault of the Southern medical colleges, for, being present in person at the last meeting held in Cincinnati, I can speak by the card when I say that its Southern representation was better sustained than its Northern and Eastern, and when its last meeting was to have been held only a single representative of a Northern medical college, its President, put in an appearance, and the result was that it died.

It is commendable in the *Journal of the Association* to use its utmost efforts in behalf of the advancement of medical science, but its sneers and slurs at Southern medical men and measures

are of questionable propriety — even though they differ from what may obtain in the East and North.

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ng the past year we had under our
hter of the Mayor of a neighboring

city, whose life was being greatly marred by a painful affliction of the eye, which had baffled the skill of several of the leading oculists of this country and Europe. It was finally decided to be due to a peculiar uterine condition. Only a few such cases have been known. She was altogether cured of the trouble, which had existed for over four years, by tablets of Ponca Compound.—*Ed. Mass. Med. Journal, Boston.*

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resented. They invite a trial of their preparations. Try them, and you will not be disappointed.

GELATIN CAPSULES.—H. Planten & Sons, No. 224 William Street, New York, have attained a world-wide fame in these important aids to the administration of nauseous drugs and medicines. Whenever you call for and get Planten's capsules, you can rely upon having the best. In this connection I desire to state that during the past year I have used, with the utmost satisfactory results, their horse capsules No. 12 as a means of introducing both medicines and food into the rectum in cases where the human stomach would tolerate nothing else. In one case it was important that my patient should have full doses of quinine; two No. 12 capsules were charged with 12¼ grains each, and after oiling slightly, one was introduced into the rectum at 6 P.M., and the other five hours later. The result: full cinchonism protracted through ensuing twenty-four hours. In another case, a female with gastric ulcer, nutrition was maintained for more than two weeks by these capsules filled with Leibig's beef extract, and other solid beef extracts of nutritious character, introduced into the rectum every six hours. I have found it far more practicable and satisfactory than nutritious enemas.

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me duodecimo volume of 534 pages, with 50
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ES, Including their Classification, Synonyms,
gy, Diagnosis and Treatment, with the Pres-
n of the Insane. By JAMES SHAW, M.D.,
er of the Medico-Psycological Association.
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of compilation makes its ready refer-
ent for practitioners and students and
tion to the more comprehensive treatises

and exhaustive monographs. The work is largely a compilation from the bibliography of the subject, yet the author has stamped his own individuality as a specialist upon the book by observations and experiences both in the Asylum and private practice. Its several chapters are devoted to:

I. Definitions of Insanity and Classification of Mental Diseases.

II. Index of Symptoms; Somatic, Physiological, and Psychical, with the Mental Diseases in which they occur.

III. Index of Mental Diseases with their Synonyms and Symptoms.

IV. Etiology. V. Diagnosis. VI. Prognosis.

VII. Pathological Anatomy, Pathology, and Pathogenesis.

VIII. Therapeutics and Hygiene.

IX. Legal Regulations and Forensic Psychiatry. General Index of 23 pages.

ESSENTIALS OF MEDICAL DIAGNOSIS (Saunders' Question Compends), arranged in the form of Questions and Answers. Prepared especially for Students of Medicine. By SOLOMON SOLIS-COHEN, M.D., and AUGUSTUS A. ESHNER, M.D. 12mo, Cloth, 382 Pages. Price, $1.50, net. W. B. Saunders, Publisher, 913 Walnut Street, Philadelphia. 1892.

Elementary in its character, and prepared for students of medcine, this work in its clear and practical teachings of diagnosis and the differentiation of diseases, will be of value to the general practitioner. It will enable one to classify, understand, and arrange this important branch of medical work—one of the most essential points in medical practice.

DISEASES OF THE NERVOUS SYSTEM. By J. A. ORMERO. M.D., Oxon, F.R.C.P., London, Medical Registrar and Demonstrator Morbid Anatomy at St. Bartholomew's Hospital; Physician to the National Hospital for the Paralyzed and Epileptic, Queen Square; and to the City of London Hospital for diseases of the Chest, etc. 12mo., Cloth, pp 343. With Numerous Illustrations. Price, $2.25. P. Blakiston's Sons & Co., 1012 Walnut Street, Philadelphia, Publishers. 1892.

As showing the scope of this excellent monograph, we quote the author's modest preface entire, as follows:

"The subject of nervous disease, attractive though it be, is apt to inspire the beginner with a feeling of dismay—it grows so fast, it has so many roots and branches, it presupposes so much

knowledge, and demands so much expenditure of time. Thoroughly to grapple with it, he will indeed require much patient clinical work, as well as study of those excellent and elaborate treatises which happily exist. This little volume is offered to him as no substitute for those, but only as an introduction to his work and outline map of territory to be acquired; and should it thus prove to him, perhaps by its very smallness, an encouragement and aid, then it will have served its end."

PRINCIPLES OF CHEMISTRY, with Special Reference to the Constitution of Chemical Compounds. By IRA REMSEN, M.D., Ph.D., Professor of Chemistry in the Johns Hopkins' University, Baltimore. Fourth and Thoroughly Revised Edition. In one handsome royal 12mo. volume of 325 pages. Cloth, $2. Just ready. Philadelphia: Lea Brothers & Co. 1892.

This very excellent little volume is a brief treatise on those facts and speculations that have to deal especially with the problems of the constitution of chemical compounds. Its object is to aid students in getting clear ideas in regard to the foundations of chemistry. As an evidence that it has found favor with the medical world, is the fact that four editions have been demanded in a comparatively short time, and since the publication of the preceding edition in America, it has been translated into German and into Italian.

All the changes called for by the advances of science have been made in the fourth edition, and it will be found well up with the progress of the time.

MERCK'S BULLETIN should be on our exchange list — but it is not. I suppose they have so many new subscribers each month that they have not a single copy to spare for the editor of the "S. P." "Well, well," said Abraham Lincoln, "what's the matter with that old printing-press? *Can't it make money?*"

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Original Communications.

IS MERCURY AN ANTIDOTE TO SYPHILIS?*

BY W. FRANK GLENN, M.D.,

Professor of Venereal Diseases in the Medical Department of the University of Tennessee—Nashville Medical College.

While it has never been discovered and cultivated, yet there is no doubt that syphilis depends upon the introduction into the system of a special germ, and all of the many varied and peculiar manifestations of the disease are due to the action of this specific virus or its ptomaines. If the medical world knew of a perfect antidote for this poison then syphilis could be speedily eradicated; but, unfortunately, such an antidote has never been discovered. Not discovered, as I believe, because the special virus has not yet been isolated and sufficiently experi-

*A paper read before the Nashville Academy of Medicine.

upon. Yet I believe the day is not far distant when the
' syphilis will be fully understood and a perfect anti-
nd. Then will the rapid cure of syphilis be a matter
sily accomplished than the breaking up of chills and
th quinine.

: we have no direct antidote to syphilitic poison, if we
a remedy that is a partial antidote, and will at the same
ild up the system by vitalizing the blood, thereby very
ly limiting the ravages of the disease while it runs its
nay the system not finally eliminate the poison and the
ie as absolutely cured as of any known disease?

the question comes, have we such a remedy?

eve that we have a remedy that, when properly admin-
is a very decided antidote to the syphilitic poison, hold-
nanifestations almost wholly in check, and at the same
on the blood exactly the opposite influence to the syphi-
s; and, if it is continued for a sufficient period of time,
ninety-five per cent. as absolutely and completely cure
,her disease is cured. That remedy is mercury.

: for a moment compare the action of mercury on the
ith the action of the syphilitic poison. The effect of
on the blood is to lessen the number of red-blood corpus-
'eby devitalizing every tissue in the body. In addition
:neral debilitating influence, it has manifestly all of the
:sions peculiar to itself. Mercury, in the proper doses,
tly the opposite influence. It, by its direct antidotal
s, prevents to a very great degree the special lesions of
'rom making their appearances, and it also actually in-
ie number of red-blood globules. It, therefore, holds
n in check and at the same time constantly fortifies the
y vitalizing the blood, thereby enabling it to so success-
e with the enemy as to finally banish it entirely from
m, leaving the patient to all intents and purposes well.
ninistered in the proper doses, from the fact that mer-
double-edged weapon. If the dose be too large, ap-
ptyalism, then the effect is to lessen the number of red-
bules, thereby assisting syphilis in pulling down the
The dose of mercury must, therefore, be established
ndividual, and only the dose given which will antidot

the poison and at the same time be tonic to the system. Years ago, by a misunderstanding of its action and a wrong application of the remedy, many crimes were laid at the door of mercury of which it was not guilty.

Under an erroneous impression, mercury was blamed for hurting the bones, and for certain pains called mercurial rheumatism. For neither of which is it responsible. But these bone pains, and so-called mercurial rheumatism, are clearly and undoubtedly due to syphilis, and they are the result of the want of the proper course of mercury, instead of the result of its use.

Now, then, an important question presents itself. Can a man who has had syphilis be cured so that he might become a proper subject for matrimony, without giving any risk to his wife or offspring? This is an all important question and one often presented by the patient to the physician. The grave responsibility resting upon us in giving an answer to this question should make us look at it from the standpoint of scientific medicine alone. No other influences should in the least weigh with us or bias our judgment. The influences of friendship should not incline us to favor our patient if his disease is not curable, neither should an unjust prejudice control against the established teachings of science. This question is, therefore, to be decided by the physician for the man contemplating matrimony, and he must fully appreciate the gravity of the situation.

What can we contemplate with more horror than a young and beautiful bride receiving syphilis as a bridal gift from her husband? Or, again, what on earth could be sadder than syphilis in the cradle? Instead of the bright, bouncing babe, so anxiously looked for by all the relatives, a miserable scrawny scabby wretch, an object of disgust and pity, which soon whines its life away. Then, fully appreciating the gravity of the question, I answer that after a proper course of medicine, assisted by the observance of hygienic rules, a man may marry with perfect impunity and render no risk either to his wife or his offspring.

Then, understanding the effects of mercury on the syphilitic virus, and on the red corpuscles, we draw the following conclusions:

1. That mercury is a strong yet partial antidote to syphilitic poison.

2. That mercury given in the proper doses and continued for a sufficient time will, in the greater number of instances, cure syphilis.

3. That mercury is the only medicine possessing in any degree the power of eradicating syphilis.

4. That mercury does not cause bone pains and rheumatism in the days that follow its administration.

5. That, thanks to the therapeutic effects of mercury, a man who has been so unfortunate as to have had his system poisoned by this peculiar virus is not to be debarred from the hapdy pleasures of the matrimonial state, and may surround himself with that climax of human desire, home and family.

THE DIAGNOSIS AND TREATMENT OF INGUINAL HERNIA.*

BY J. W. HANDLEY, M. D.,

Lecturer on Genito-Urinary Diseases and Demonstrator of Anatomy, Medical Department, University of Tennessee.

The diagnosis between inguinal hernia and the various other enlargements so ofted found in the scrotum is at times quite difficult to make. In your works on surgery you will find formulated tables giving the differential diagnosis between hernia and hydrocele, varicocele, hæmatocele, suppurating adenitis, etc., a thorough knowledge of which will aid greatly in arriving at a conclusion as to what condition exists.

Possibly the greatest difficulty in the diagnosis of scrotal tumors is in congenital hernia and congenital hydrocele, in which latter condition there has been only a partial obliteration of the peritoneal prolongation at the abdominal ring and inguinal canal, thereby allowing the fluid to gravitate into the tunica vaginalis. Congenital hydrocele appears soon after birth, giving a tumor filling up the entire one side of the scrotum, continuous along the inguinal canal, more or less rapidly reducible according to the size of the opening at the neck of the tumor. The testicle

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*A paper read before the Nashville Academy of Medicine.

is entirely obscured while the fluid is in the sac, but reappears on reducing the tumor; it is translucent, and gives more or less flatness on percussion.

In *hernia*—whether congenital or not—there is found a tumor, doughy in character, filling up the inguinal canal and extending down into the scrotum, usually resonant on percussion, and showing little or no fluctuation; when the tumor is reduced, which may be difficult at times to accomplish, it rushes back with a gurgling and a jerk. Now, with the finger in the canal, and the patient being requested to cough, or, it being a child, made to cry by pinching or pricking with a pin, a distinct protrusion or impulse can be felt. Its shape is often irregular and elongated, while the shape of the hydrocele is oval or pyriform, and smooth and regular, unless a multi-locular cyst exists. The testicle can always be felt in an uncomplicated congenital hernia, unless there is present a case of undescended testicle, which condition must always be taken into consideration. If a hydrocele of the hernia sac, or a multi-locular cyst, or any form of cystic tumor exists, and there is doubt in the mind of the surgeon as to the condition present, nothing will afford us more aid in diagnosis, than a small, clean hypodermic needle attached to an aspirator or syringe, with which the fluid can be withdrawn, if present, without the slightest harm to the patient. Note—Only a short time since I had occasion to see a case of double hydrocele complicated with double indirect inguinal hernia, in which the diagnosis was quite obscure until the hydrocele sac had been evacuated, when the diagnosis became clear and could be easily made. The differential diagnosis between incarcerated inguinal hernia and hydrocele of the cord is at times a point of considerable interest to the surgeon, and one often attended with difficulty before a clear conception of the pathological condition existing can be determined upon; especially is this true when the sac contains a dark colored, gelatinous fluid, and the sac walls are markedly thickened, or there exists an hæmatocele.

An epiplocele, characterized as a soft, uneven mass, giving flatness on percussion, and devoid of that peculiar gurgling of inguinal enterocele so frequently noticed during taxis, might be mistaken for an exagerated varicocele with enlargement of the cord through hypertrophic changes, especially if the hernia has

become incarcerated. An acute inguinal adenitis, with disintegration of the glands, together with infiltration of the perilymphatic tissues, has been mistaken for direct inguinal hernia, the scalpel plunged carelessly into it, and severe after effects experienced. In such a case, if the intestine has passed back into the abdominal cavity, as it naturally will do after its contents have been evacuated, a laparotomy and closure of the incision into the intestine will be necessary for the complete restoration of the patient. Such a mistake is unpardonable on the part of a reputable M. D., since in the former condition there is found pain, heat, redness and probably a less circumscribed swelling, than in hernia, unless it has become strangulated, at which time colicky intestinal pains, general disturbance of the nervous system, nausea, and frequently vomiting, will be noticed.

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Syphilitic orchitis, accompanied with hydrocele of the cord, may simulate incarcerated hernia closely, but the hardness of the testicle, its nodular form, extreme weight and previous syphilitic history, ought to be sufficient to make a diagnosis clear. When a case of inguinal or scrotal trouble presents itself, the first step in diagnosis is to find the testicle, which cannot always clearly be made out.

Now, at length, having determined by the various means and symptoms previously spoken of in this paper, that we have an inguinal hernia, the age, occupation, habits etc., must be taken into consideration before a definite plan of treatment can be employed. The treatment of inguinal hernia may be either palliative or radical, but the palliative measures may become radical at times, while what is regarded radical treatment may be only palliative. The former is applicable to all forms of hernia, except incarcerated hernia, while the latter is only justifiable where the former measure fails to cure or control the trouble. The form of truss for palliative treatment has elicited more discussion among medical men than the treatment of any other form of trouble. While a truss is regarded usually as a palliative measure, yet some authorities (Prof. Cheyne) strongly insists that a properly fitting and a properly worn truss ought to be a radical cure. If the bowel is prevented from ever again passing down, by sufficient pressure and properly directed efforts, nature will do the rest. The canal has a natural tendency to contract and close,

and it is only the occasional passage of the gut that prevents it, as the steel sound introduced at intervals prevents the closure of a stricture of the urethra. Especially is this the case in children, and all that is wanted is to maintain sufficient pressure over the internal ring to allow the neck of the sac to close. Pressure over the external ring merely prevents the descent of the intestine into the scrotum. Now, as to the best forms of trusses to be employed: For infants I most heartily indorse the "hank or woolen truss," first suggested by William Coates in the *London Med. Gazette* in 1848, and described in Pye's Surgical Handicraft, 1st American edition, from 5th London, p. 112, which I now take pleasure in presenting to you. It is made of woolen threads, thirty or forty in number, wound into a hank of sufficient length to pass around the body, loop over the inguinal canal, and descend beneath the perineum, to be tied to the first horizontal band. By looping or tying the hank over the abdominal ring, firm pressure is afforded the entire canal, and is in every respect comfortable to the little child. I dare say those of you who have not used this truss, after doing so once, will throw aside that stiff, ill-fitting, inelastic band heretofore employed, which so often produces excoriation of the tender, soft parts, atrophy of the tendinous supports, and frequently abcesses. Should the parts become excoriated from the use of this truss, which is rarely the case, the dry sub-iodide of bismuth will speedily cure them. The advantages of this truss are its easy application by the mother, its safety in holding up the hernia, its cheapness, and the comfort afforded the patient. Usually the continued wearing of this truss for six months is sufficient to permanently cure the majority of cases. For older children, say 18 months or two years of age, I prefer the elastic belt truss, with a hard rubber or polished wooden pad and a single perineal band. Should this be used for two years or more and a cure not be effected, a radical operation should be done, although this procedure is not contra-indicated in the beginning of the treatment. The mother should be instructed that the truss should always be taken on and off with the patient in the recumbent position, and the child should from time to time be cautioned not to jump, climb or exert himself, and at first feeling of discomfort in the region of the hernia, go immediately to its mother for relief.

The water pad, the soft packed pad, and all others not producing firm pressure over the ring have proven failures in nearly every instance, but especially so when applied to laboring men. The best truss for this class of men, in my opinion, is a well-fitting, steel spring truss, with a hard oval pad and a posterior counter pressure pad. For gentlemen not engaged in manual labor, who are never required to strain or exert themselves, an elastic belt truss, with the perineal band, will best promote comfort and preserve the integrity of the parts. No truss should produce discomfort, and great care should be observed lest it produce too much pressure, from which would result atrophy of the structures forming the ring and canal and a consequent enlargement of the same.

With the advent of antiseptics the surgeons were not long in trying to devise some operative procedures for the permanent relief of this formidable trouble from which so many thousand people suffer. Up to this period, the peritoneal cavity was entered with fear and trembling, and operative measures, were confined to strangulated hernia, and in these cases after all other measures had been resorted to. Taxis was carried too far in many cases, and death was the result where an operation with antiseptic precautions as at the present day will relieve without danger to the patient. Although many operations have been devised by our energetic surgeons of the nineteenth century, yet the majority have fallen into disuse, and can be termed out of date. Heaton's operation, the subcutaneous injection of fluid extract of white oak bark, at first warmly advocated by many surgeons, may be regarded an unscientific procedure, and unworthy of a skillful surgeon's attention. All that may be expected from this method is a temporary barrier to the protruding viscus, for eventually the plug of cicatricial tissue produced by the irritant will be absorbed, and the hernia will return as before. This operation is only applicable to inguinal hernia cases where the ring and canal have not become patulous.

There are three cutting operations for the radical cure of hernia of some note which I will mention, and try to point out the faults and good qualities of each.

Macewen's, which consists in the formation of a plug by throwing the sac into folds, (as sewing women run a gathering string

through cloth), and invaginating it into the original canal. This is done frequently by Dr. Wyeth, of the New York Polyclinic, who prefers it in many cases on account of its simplicity. The first and immediate danger to be anticipated is sloughing of the fibro-serous membrane, the vitality of which is necessarily impaired. If suppuration should occur, a sinus may form, which will last for months. Again, the plug so formed will eventually be absorbed. A lengthy description of Macewen's operation I regard useless, as it can be found in some of your late works on surgery.

I prefer McBurney's operation, on account of its simplicity and greater surety of success, and less liability to a recurrence of the hernia. It is done as follows:

Before operating, preferably six or eight hours, the pubis and surrounding parts are shaven, scrubbed with soap, brush and warm water, and after drying, washed with ether to remove all remaining grease, next washed with 1-1000 solution of mercuric chloride, and covered with a moist bi-chloride towel until ready for operation. The parts, after anæsthesia, should again be washed with an antiseptic solution, and with the surgeon's hands thoroughly scrubbed and sterilized, the instruments boiled and placed in carbolic solution, the patient covered with antiseptic towels, and we are ready for the operation. Too many antiseptic precautions cannot be observed, for we are dealing with delicate structures, easily excited to inflammation. Now, having the flexor muscles thoroughly relaxed, an incision sufficiently long and deep to expose the internal ring and sac is made. Next, divide the inguinal canal along the anterior wall from external ring to internal ring; dissect off the coverings of the sac with the fingers and handle of scalpel, and separate the cord from the sac, a procedure quite easy to perform. The entire sac being dissected up and lifted out, all bleeding vessels being checked, after thorough irrigation of the parts, it is opened, and any adhesions present are broken up, and ligated and divided. A strong catgut ligature is now thrown around the deepest portion of the canal and tied, care being taken not to include the intestine in the ligature. The outer end of the sac is cut away, leaving enough for a good stump. The upper or internal wall is formed by the edges of the skin, external oblique aponeurosis and conjoined

the lower wall by skin, superficial fascia Poupart's liga-
d the outer pillar. In order to prevent too rapid closure
vound immediately over the internal ring, the skin is
under along each edge of the incision by from four to
out silk ligatures, so as to include all the tissues except
toneum, so that when they are tightened, the skin is in-
Two tension sutures are now introduced, and the incision
crotum stitched with catgut. The wound above is now
ith iodoformized gauze, covered with a rubber protective,
sed antiseptically. The dressing should be changed on
day, and every four or five days thereafter, and the
ecubitus maintained for from four to six weeks. By
ng off the sac at the level of the parietal peritoneum, we
e any funnel-shape process which might invite a re-for-
f the hernia; also by treating as an open wound we cause
ation of stronger, deep-seated cicatricial tissue over the
ring. There are objections to this method, among which
mention self-destruction of adventitious tissue, separa-
he cicatrix at the internal ring, adhesions of the periton-
the cicatrix, which causes great pain to the patient on
, and the discomfort a truss causes if it has to be re-
in the future. Bassini's method, an admirable descrip-
hich can be found in the *Medical Record*, July 2, 1892,
el E. Millikin, is well worthy of careful consideration
you before determining what operation you would pre-
e author claims greater success from that operation than
Burney or Macewen, fewer recurrences and less time to
cure—usually three to four weeks.

CHRONIC URETHRITIS.*

C. W. SIMPSON, M.D., OF WAXAHACHIE, TEXAS.

ing attention to this comm n and much-abused subject
xpect to offer anything new or startling. My experi-
observation lead me to the remarks I have to make, and

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r read before the North Texas Medical Association, in Decem-

I sincerely trust they will prove more satisfactory to you than my treatment has often done to my patients.

That chronic urethritis is one of the most common diseases a young physician is called upon to treat I suppose no one will gainsay. With me it is more common than acute urethritis, from the simple fact that many of our druggists will prescribe for acute gonorrhœa, and many of those who are accustomed to having it have learned that some patent nostrum will often relieve, hence it is only after the druggist or patent medicine has failed that the physician has an opportunity to show his hand.

Chronic urethritis, chronic gonorrhœa, and gleet, are usually considered synonymous terms. It shall be the object of my paper to point out a difference between them.

Chronic urethritis includes both chronic gonorrhœa and gleet. It is a distinction between the two latter to which I wish to call attention. Most authors make no distinction, considering and treating them as one and the same disease, and while in many cases their treatment suffice, yet by a study of their pathology and an understanding of the same, we will be forced "a rationale" to treat them differently.

Acute urethritis is, nine times out of ten; yea, ninety-nine times out of a hundred, caused by a specific virulent poison, a peculiarly-shaped vegetable parasite, called by Neisser, gonococcus. While these germs are active, keeping up a high grade of inflammation, and causing the formation of much pus, it is acute gonorrhœa. When they have become less active, and have left the smooth walls of the canal and sought a receptacle behind a stricture, in a fossa or elsewhere, they have effectually evaded dislodgement, they set up a lower grade of inflammation with a muco-purulent discharge, such is chronic gonorrhœa, and in which we always find an abundance of gonococci, though from long culture in the same soil they are less virulent than the same germs of acute gonorrhœa. It is obvious that, with these symptoms, the object of our treatment should be the destruction of the germs, after which, under ordinary circumstances, the discharge will cease. The destruction of these germs often tax our every resource.

The irrigation method is now generally considered the treatment. It consists in thoroughly irrigating the canal once or

daily with from a pint to a gallon of some antiseptic solu-
by means of a double-current catheter, or an ordinary soft-
r catheter attached to a fountain, or a Davidson syringe.
referable solutions being bichloride of mercury, 1 to 10,000;
of zinc, 3 to five grains to the pint; or the permanganate
assium, 1 to 500 to 1000. With some simple agent to ren-
e urine less acid and irritating, and, especially, I would
the regular and continued administration of copaiba, as
research justifies the conjecture that this agent exerts a
bitory action over the growth of gonorrhœal germs.
gleet we have quite a different state of affairs. It follows
ind of urethritis and is sometimes idiopathic. Every gon-
a is followed by a gleety discharge, but before the chronic
arge which we term gleet begins, there has usually been an
cessation of the discharge. Then there has been, either
ally or following some excess, a return of a mucoid-dis-
e in which gonococci are absent. It may be only a drop of
mucus appearing occasionally at the meatus, or it may be
e or less profuse flow of muco-purulent matter, though if
be much pus it should make us suspicious of gonor-

e structural changes in gleet are many. Stricture keeping
constant inflammation in the tissues around it, and a granu-
ondition similar to that of chronic conjunctivitis, being the
most common. Then there may be a patch of simply con-
d mucous membrane, as the membrane may be entirely de-
ed at certain places, and from mere inervation be unable to
duce itself. The general health of the patient is usually
impaired.
e diagnosis of the exact lesion in gleet is of the utmost im-
nce, and, unfortunately, it is frequently very difficult to
. With the microscope we can satisfy ourselves of the ab-
of gonococci. The endoscope, which, in the hands of an
t may be a good instrument for diagnostic purposes, has
n of little service to me, though I am convinced that by
ice one can soon learn to gain much information through it.
the bulbous bougie we can locate strictures, determine their
r and their resiliency. Can locate sensitive and inflamed
along the canal, and can tell something of the condition of

the spots by the readiness with which they bleed and the character of the pain elicited by the passage of the instrument.

The treatment, then, is theoretically a simple matter, and I believe would be a much more simple and successful matter practically if we would devote more time and pains to its diagnosis, and have a definite object in view before beginning treatment. If there be a stricture, usually the most practical manner of dealing with it is by gradual dilatation, though if it be a tight organic stricture, cutting may be necessary. In deciding between cutting, divulsion and gradual dilatation, the individual fancy of the surgeon will be displayed. The granular patch, which is a very common lesion, is the most troublesome to manage. A cold sound, either medicated or not, has been highly recommended and is worth a trial. Direct application, either through the endoscope, or deep urethral syringe, of a strong solution of nitrate of silver, or carbolic acid, or any stimulating cautery that, in our judgment the case warrants, is the best treatment if properly applied. If it is only a congested spot, or a spot of destroyed mucous membrane, much the same treatment is applicable, except the cautery is not needed. Some simple stimulant taking its place.

In all forms of gleet the constitutional treatment deserves speial attention. Something to render the urine bland, and a general tonic being always indicated.

Selections.

THE PREVENTION OF PERTONITIS.—In a paper read before the Harveian Society, of London, which is published in the *British Medical Journal*, November 12, 1892, Mr. Lawson Tait discusses the nature and prevention of peritonitis; and his views, based upon an immense clinical experience, are so thoroughly practical that they cannot fail to prove of interest to every practitioner. Mr. Tait's theory of the function of the peritoneum differs essentially from that given in most text-

[e believes that its importance in the human economy
t that it should be ranked almost next in order to
and does not subscribe to the view commonly ex-
ıat its chief function is to allow free movement of
it envelops. In his opinion, the strange and invaria-
ons of this membrane, the exceeding vascularity of
, the presence of innumerable stomata, and the profuse
ply derived neither from the motor nor sensory system,
o some active function, whether it be that of secretion
ion. All the organs actively engaged in the primary
n of the systemic nutrients, are not only enclosed in
neum, but all the blood gathered from these great or-
lected by a series of minute venous radicles exposed
ısly and immediately under the peritoneal epithelium to
nces which may arise from it.

egard to the causes of peritonitis, Mr. Tait is equally
o the theories commonly held, and forcibly remarks
onitis is not a lesion which fits into the germ theory of
all. He believes that the influence of the nervous
the causation of inflammation has been underestimated,
n peritonitis nerve disturbance contributes more to the
he patient than microbe invasion. While admitting
nce of a septic peritonitis, he thinks that, save where
from evidence wholly extrinsic to the condition of the
n, it is an etiological entity which exists only in the
ıe pathological metaphysician.

symptomatology of peritonitis the author warns us not
too much reliance upon records of pulse and tempera-
ı this disease they are not only untrustworthy, but may
ositively misleading. Alteration of the patient's face
inal distention are two signs so constantly present in
, that they always deserve attention. Alteration of
is deceptive, however, because many fidgety people,
who bear pain badly, will put on a face indicative of
ıen there is none, and the common habit of administer-
ate after an operation to save pain, is a source of great
or it masks this facial alteration at the time when its
st needed, that is at the outset of the peritonitis. The
of the face most to be feared is not one of pain, but of

anxiety, accompanied by a tendency to chatter and ask questions; if the patient persistently chatters she is pretty sure to die. The symptom most to be dreaded is intestinal distension, which occurs at an early period, and, in the author's experience, this condition has been a prominent feature of every fatal case of peritonitis. It is his custom when he sees distension, to anticipate peritonitis by the administration of purgatives; if the attempt to purge is successful the patient recovers, if not she dies.

The cause of death in peritonitis is, in conformity with Mr. Tait's physiological beliefs, a disturbance of the ebb and flow of the serum stream of the peritoneum, and the disturbance of the functions of the liver. It would carry us too far to give in full the ingenious arguments adduced by him in favor of this view. Suffice it to say that he regards bilious vomiting, when fully established after the occurrence of distension, as generally indicative of a fatal issue; and the fourth night as a critical time for all abdominal sections, except those involving the use of the clamp in hysterectomy. If the grave symptoms are all matured on the fourth day after operation, a fatal issue is pretty certain. If they hang over until the sixth or later, the chances of the patient's recovery increase in a geometrical ratio, always excepting cases of hysterectomy. Hence it follows, that taking time by the forelock in dealing with peritonitis is everything. The author assails those who talk about treating peritonitis; we must prevent it. His policy is to get control of the vermicular movements of the intestines before the mechanical stasis of the inflammatory process has rendered it impossible. The use of opium by the mouth after operations is vigorously condemned both as modifying or suspending vermicular action, and masking the real condition of the patient. The thirst following abdominal section should not be regarded as an indication for the administration of ice or fluids, but rather for a withdrawal of drinks. Mr. Tait's practice is to keep his patients for as nearly forty-eight hours as may be in absolute starvation, this being modified by age and previous exhaustion. If sickness sets in on the third or fourth day, or at any time after, all food and drink are withheld absolutely for twelve hours, or even longer; for nothing can be digested and absorbed by the stomach so long as bile is being poured into it. In his opinion the starvation and withholding of

o prevents the mechanical stasis of the circulation in the
.l coats, which is the initial stage of the fatal process of
.is, and this preventive measure may be assisted by stim-
peristalsis. Inasmuch as the mechanical stasis always
es in the transverse colon, stimulant enemata—soap and
ne—are indicated. In the author's practice the nurse
ıcted to give an enema, if a passage of flatus per anum
: occur for twenty-four hours after operation, especially
panied by the slightest suspicion of distension. If the
ails, a mild saline purge (generally a seidlitz powder) is
ered, and repeated every twenty-four hours until it acts.
ease of distension should lead us to redouble our efforts
the bowels, and if successful in this, recovery is usually
and even in well established peritonitis Mr. Tait urges
of the purgative treatment, although the chances are
its success.

nclusion, he emphasizes the point that the outcome of a
peritonitis depends far less on the severity of the symp-
.n on the time over which they run; and he has found
.liarity not only in traumatic peritonitis, but also in other
and in that known as idiopathic peritonitis.—*Interna-*
ournal of Surgery.

TMENT OF SMALL POX.—The patient should be isolated
safety of others, and should be kept in a comfortable,
tilated room with little furniture or bedding to become
with morbific germs. A general fever treatment should
ted as regards diet, etc. It is positively harmful to stifle
tients in close, hot apartments and drench them with hot
er the idea that the eruption will be hastened. Cracked
ing drinks, and light, nutritious diet should be the line
al treatment, with concentrated food and stimulants
as the system will demand about the period of matura-
or violent pain in back and limbs, opium and potass.
. Nausea and vomiting will be helped by using the re-
t diaphoretics, neutral mixture, liqr. ammonia acet., and
reparations. Granular effervescing citrate or bicarbon-
tash are very grateful to the patient. In conjunctivitis,

pharyngitis, and rhinitis, especial care must be taken to cleanse and disinfect these surfaces with antiseptic solutions of carbolic acid, bichloride of mercury or similar agents. The care of the eyes in confluent cases is of the utmost importance. Most authors insist that there is no specific for this terrible disease, and consequently the treatment must be conducted upon the general plan applicable to these symptoms as they arise. We wish, however, to state very frankly to our readers that we have found a certain line of specific treatment so valuable that we regard it as well nigh a specific. We have given it a faithful trial in a large number of cases of small-pox, and we have succeeded so well in cutting short and reducing the formation of pustules, that we have very little concern when we can see the patient just as the papules are appearing.

We refer to the peculiar action of *salicylic acid* in this disease. It unquestionably has the power to abort the disease to such an extent as to render it almost a specific. It will reduce temperature, relieve pain, and prevent the appearance of pustules.

Some eight or nine years ago we had a most excellent opportunity to test the value of this agent when Richmond, Va., was suffering severely with an epidemic of small pox. A few instances will suffice to show how we treated these cases and how they behaved. We were called to see a poor negro man one morning, living in a small kitchen room about 10 x 12. His wife had fled, and we found him covered with the small-pox eruption in the vesicular stage. In this room were four children, the oldest not over eight years of age. None of these children had ever been vaccinated, and the oldest one had a fever upon it at the time, and papules were beginning to appear upon the face and forehead. We ordered a *quart* mixture containing twenty-one grains salicylic acid, two drachms liqr. ammon. acet., and one drachm spirits nitre dulce to the ounce. Of this we gave the man a half-ounce every three hours, and to every one of the children, sick and well, proportionate doses at the same interval. In addition we gave the adult one grain calcium sulphide three times a day, and smaller doses of the same drug to the children.

The father's case ran a very mild course; the pustulation being

much abridged, and in ten days he was well. The child
d with less than three or four small pustules, and the
children escaped entirely. Some time afterwards, I related
xperience to Dr. R. H. Cowan, then one of the small-pox
ians of this city, and he was so much interested that in a
ys he called upon me to go with him down on Seventeenth
to a squalid portion of the town to see an entire family
ooming out with the fever and papules. We placed every-
in the crowded hut on the line of treatment suggested;
e developed cases soon ended in a most favorable manner,
it prevented the appearance of the disease in all who had
ached the papular stage.

believe fully that the salicylic acid alone is the effective
but on scientific principles we have combined the other
ients, and have no doubt that they aid still further the
of the acid. Many suggestions have been offered to pre-
itting the face, but most of them may be summed up in
neral direction to keep the face covered with some bland oil
tment with glycerine occasionally added, and the room kept
ned. If the case is seen early enough, the use of the rem-
suggested for general treatment will so abate the symptoms
here will be no fear of disfigurement.—*C. A. Bryce, M.D., in
rn Clinic.*

RCURY BENZOATE AS AN ABORTIVE OF BUBOES.—Last
Dr. Weylander, physician to the Saint-Göran Hospital,
holm, announced an abortive treatment of buboes with
he had obtained a cure in 91 per cent. of the cases where
reatment had been instituted before suppuration of the
s had set in (see *Merck's Bulletin*, vol. iv. p. 154)

e then Dr. L. Lètnik, physician in charge of the venereal
n of the City Hospital at Odessa, has tried Weylander's
ent in 140 patients with buboes, and has obtained com-
esolution in 120—that is to say, in more than 87 per cent.
cases. In the remaining 18, all cases in which there was
y marked suppuration when the treatment was begun, he
liged to incise the tumor.

Lètnik proceeded as follows (Sem. Méd):

After having carefully disinfected the inguinal region, 1 cubic centimeter [16 minims] of a 1-per-cent solution of mercury benzoate was injected into the swollen gland. This done, a compressive bandage (composed of cotton and linen bandage) was applied over the bubo, and renewed once or twice in twenty-four hours: The patient had to observe the most complete rest during the whole treatment.

Immediately after the injection there developed, at the site of puncture, a burning pain, which gradually disappeared in eight or twelve hours. In the evening and on the following day the patients usually experienced a little cephalalgia and presented an elevation of temperature amounting to 1° C. [1.8° F.] or more. Locally an inflammatory reaction manifested itself by an excess of heat and of redness; however, these symptoms soon vanished, and the bubo progressively diminished in size, and in the majority of cases disappeared entirely in six to ten days. Only in twelve patients did the complete resolution of the tumor require as much as twenty days. The average duration of the treatment was a little less than ten days. This certainly brilliant result was obtained in the great majority of the cases from but a single injection, and it was necessary only in a few rare cases to make a second injection at an interval of eight days from the first.

In the course of his observations the author has become convinced that it is not at all necessary to use the benzoate of mercury for the injections into the buboes, but that the same results can be obtained by injecting *any soluble mercurial salt*—the biniodide, bichloride, or cyanide, always in doses of 1 centigramme [$\frac{1}{6}$ grain.]

Dr. Lètnik believes that this method deserves being tried also for aborting acute phlegmons, suppurating arthrites, and abscesses consecutive to infectious diseases, whenever the morbid focus is accessible to injection, and compression with a bandage, and when the suppuration is yet in its incipiency.—*Merck's Bulletin.*

A Case of Goitre Cured by Galvanism and Syrup of Hydriodic Acid.—Dr. W. C. Wile reports in November number of the *New England Medical Monthly* a case of goitre, which recovered in eight months under treatment.

atient, a lady, æt. thirty-seven, mother of four children, vere attack of LaGrippe, followed by pneumonia. Con- ice was long and tedious. She then noticed palpitation of rt, indigestion, insomnia, and extreme nervousness. A examination revealed no organic heart disease, but it was hat all of her symptoms were due to a commencing disease.

ad the enlargement of the thyroid gland, exophthalmia, of the nervous phenomena.

bowels were regulated, and patient given a plain, nour- liet, including sherry wine, sulphonal was given for in-

eight to ten cells of the galvanic current were adminis- lacing the positive pole inside the left ear, and the nega- r the seventh cervical vertebra, applying the current for minutes each day. Internally, she was given syrup of ic acid, in teaspoonful doses, t. i. d., which was grad- creased until two teaspoonfuls were taken at one time, t. Then the dose was reduced to the original teaspoonful, e continued taking for seven months.

vement was immediate and rapid. The galvanism was at the end of the month, while the syrup of hydriodic continued. She was discharged perfectly cured.—*Phil. d Surg. Reporter.*

CES:—The young men and young women who aspire to Academic or College educations, and whose parents can- afford them that expense, will be interested in the work *Cosmopolitan Magazine*, which has offered for the year e thousand scholarships at any of the leading colleges or f the United States, upon the condition of introducing azine into certain neighborhoods. Yale, Vassar, Har- n Arbor, Chicago, the Southern Colleges, the great f art and medicine, all are alike open to the ambitious irl who is not afraid of a little earnest work. *The Cos-* n sends out from its New York office a handsomely pamphlet to any applicant, telling just what is necessary to secure one of these scholarships. The scholarship board, lodging, laundry and tuition—all free.

COCILLANA—AN INTERESTING ADDITION TO THE MATERIA MEDICA.—Respiratory inflammations always form a large proportion of the physician's cases. A Bolivian remedy which gives promise of much therapeutic efficacy is Cocillana, which was introduced a few years ago through the researches of Prof. H. H. Husby, the eminent botanist.

Experiments were made with it by many medical investigators, who found its action very satisfactory in catarrhal inflammations of the respiratory organs, in coryza, hay asthma, bronchitis, acute and chronic, influenza and pneumonia.

It possesses also, laxative and purgative qualities, and has been employed successfully as a substitute for ipecac and apomorphia in catarrhal conditions.

Parke, Davis & Co., who introduced the remedy to physicians, will supply reprints of articles affording information concerning its therapeutic application, and invite the medical profession to test its virtues further by clinical experiment.

They have, after much difficulty, obtained an ample supply of it, and will be glad to afford any facts desired concerning this or any other of their new remedies for respiratory affections.

RECTAL FEEDING may be carried on by means of a mixture of two eggs, twenty grains of pepsin, ten grains of chloride of sodium, and six ounces of water (*Detroit Emergency Hos. Rep.*) This mixture should be slightly warmed, thoroughly agitated, and then gently introduced into the bowels by means of a syringe. To facilitate the entrance of the fluid into the intestines, it is well to put the patient into a position with the hips much elevated above the head; either the knee-chest position or with two or three pillows resting beneath the hips.—*Pop. Science News.*

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

ALWAYS PLAY TRUMPS.—In a late number of the *Medical World* is an article from the pen of Dr. A. N. Owen, of Evansville, Ind. He describes various experiences he has had with new remedies, and how often these had disappointed him. But at the Detroit meeting he decided to try papoid as soon as he returned home. He now reports a case of blind ischio-rectal fistula of twenty years standing. This had been operated upon repeatedly by some of the best surgeons, but without success. He had operated on the case and treated it for a year, but had to give it up. However, "after proper preparation of the fistulous tract, one injection of papoid effected a cure, at least it has been well for over two months." He concludes the article by saying: "Wyeth says that in surgery where you are in doubt about the case, always play 'trumps' (the knife being the trump). I say that when you are in doubt about a prescription where the gastro-intestinal tract is involved *play trumps by giving papoid.*"—*National Med. Review.*

PILES AND THEIR TREATMENT continue to maintain an apparently unsettled position in therapeutics. There is a curious want of uniformity in the surgical treatment of piles at the hands of our surgeons (*Hosp. Gaz.*). There are half a dozen of different operations, and men pick and choose, although, on serious discussion, it does not appear that there is more than one really good method. Salmon's operation, by dividing the mucous membrane and applying a ligature, without cutting off the pile, is, by agreement, the most practical and the most safe. Whitehead's operation is adequately described by Mr. Keetley as "expensive alike of the surgeon's time and the patient's blood." The plan of crushing the piles exposes the patient to slightly more risk than Salmon's operation, but it may be adopted with advantage when time is an object, since it allows the patient to get about within a week. A simple and almost enticing method is the injection of the body of the pile with a glycerine solution of carbolic acid (five to ten per cent.), but it is only applicable in cases when the piles can be reduced and kept up. Mr. Swinford Edwards has given this procedure a trial in some two hundred cases, with, he states, satisfactory results. It is hardly necessary to re-

mark that for purposes of treatment external must be clearly distinguished from internal piles, though, should the latter cause much discomfort, Mr. Edwards sees no objection to snipping them off. In deciding the question whether to operate or not, we must be guided less by pathological considerations than by the pain and loss of blood.—*Med. Review.*

DISCRIMINATION IS UNJUST when not founded upon reason. As the *Doctor's Weekly* says: When a contributor to the medical press of this country happens to mention the name of a proprietory pharmaceutical product emanating from an American laboratory, his sincerity is at once challenged, and his statements are accepted *cum grano salis*—if at all. He is charged with attempting to boom somebody's product at the expense of the publisher, and with imposing upon the credulity of the average reader. On the other hand, our medical journals teem with original articles, clippings and translations relating to foreign pharmaceutical products, that are not only *proprietary* but are also *patented*, and yet we hear no complaints from medical readers. We are unable to account for such discrimination, but that it exists, no one, who is posted on the subject, will deny.

REMOVAL OF FOREIGN BODIES FROM THE VITREOUS WITH THE ELECTRO-MAGNET.—The *Maryland Medical Journal* for July gives the following data concerning a case successfully treated by Dr. S. Theobald, of Baltimore: A boy, 12 years old, while using a hammer, received in his eye a piece of steel, which penetrated the cornea and lodged in the vitreous. He was not seen by Dr. Theobald until the sixth day after the injury. The eye was then highly injected, and iritis was impending. The cornea had been penetrated at its upper margin and there was a wound of the size of a pin-head in the iris. The vitreous showed a difused opacity with numerous floating opacities; the details of the fundus could not be seen; vision was $\frac{1}{12}\frac{6}{5}$; the foreign body was not visible. Five days later, or on the eleventh day after the accident, the injection had increased and iritis had begun. An incision was made through the sclera between the external

and inferior rectus muscles. A Hirschberg electro-magnet was used. A single cell was judged sufficiently energetic, since with it the magnet lifted a tack hammer from the table. The point of the magnet was introduced into the vitreous three times without success, but on the next trial it brought out a small piece of steel. The lad suffered little after the operation, the pupil being kept dilated with atropine. Several days after the operation he was discharged, with the vision $\frac{1}{4}\frac{8}{5}$. Forty-five days after the operation the vision was $\frac{1}{3}\frac{8}{0}$; the fundus of the eye had become clear, and only a few floating opacities remained in the vitreous.

Magnetic removal in such cases has now been reported successful in a sufficiency of instances to justify us in the hope of saving a goodly percentage of eyes if operation is not delayed too long.

The prospects of success are, of course, largely dependent on our having a knowledge or a reasonable clear idea of the position of the offending body in the virteous.—*N. Y. Med. Journal.*

THERAPY OF TETANUS.--Albertoni (*Therapeutische Monatshefte*, Sept., 1892) has collected 176 cases of tetanus treated in various ways, with 139 recoveries; 78.9 per cent. recoveries, 21 per cent. deaths. From these statistics he concludes, first that tetanus is not so fatal as is generally supposed. Second, that it recovers after various methods of treatment, and therefore probably tends naturally to recovery. The division of tetanus into acute and chronic is ancient. Since Hippocrates it has been well understood that after a case had run a course of a week, the chances of recovery increased. The latest treatment is by blood serum of animals which have been rendered immune. In 1890, Behring and Kitasato, in experimenting with iodo-chloride caused rabbits to become immune to tetanus. They found that the serum of such animals had the power of causing immunity in mice. In a case of tetanus in man, reported by Finotti, he ascribed the recovery to the use of this antitoxin because no other medication had been used, but he stated that an iodoform dressing had been used on the wound. This latter treatment had been considered almost a specific by some writers. Chloral has given the greatest relative recovery, it is best given in large doses. Application of ice to the spinal column is theoretically correct and has given good results.—*University Med. Mag.*

PEROXIDE OF HYDROGEN IN GASTRIC DISTURBANCES.—A. N. Iakovleff (St. Petersburg Inaugural Dissertation, 1892, No. 109) has made nine experiments on eight subjects, of whom some were suffering from chronic gastritis, some from nervous dyspepsia, one from cancer of the stomach, and one from hyperacidity of the gastric juice, while the eighth was healthy. In all but two cases the patients were given 4 c. c. of a three-per-cent solution of H_2O_2 before breakfast, dinner and supper. The patient with malignant disease and the one with hyperacidity took a two.per-cent solution, 4 c.c. from three to six times a day. The following is a summary of the results of these experiments; (1) Under the influence of H_2O_2 the general acidity of the gastric juice and the proportion of free HCl invariably increases. (2) The proportion of lactic acic always decreases, while in later stages of digestion the acid disappears altogether from the gastric contents. The phenomenon should be attributed to the well-known anti-fermentative properties of H_2O_2. (3) The digestive power of the gastric juice is markedly intensified. (4) In the case of hyperacidity (as well as in another similar case in the the author's private practice), the administration of the peroxide was followed by a distinct aggravation of all gastric symptoms, while in all others, including that of cancer, marked improvement was observed, the appetite improved, the epigastric pain ceased, eructations and vomitings decreased or entirely disappeared, the bowels became more regular, etc. The author further made experiments on frogs and dogs, his object being to elucidate the effects of H_2O_2 on the circulation. The results agree pretty closely with those published by Guttmann and Schwerin, the essential point being that H_2O_2 is decomposed by the blood, and hence can give rise to gaseous embolism with its consequences, such as dyspnœa-dilatation of the cardiac cavities, etc. From these facts, Iakovleff concludes that injections of H_2O_2 into the circulation for therapeutical purposes, as suggested by some authors, are absolutely inadmissible.—*British Medical Journal, Sept.* 10, 1892.

FAIRCHILD'S PEPTONIZING TUBES are worth their weight in gold. They can be procured from all druggists.—(*Ed.S.P.*)

A BACILLUS OF ECLAMPSIA.—The time-honored relation of albuminuria to puerperal eclampsia—as cause and effect—has been questioned at various times, but as there had never been any facts presented which furnished a more plausible solution of the etiology of this serious disease, it has remained practically as before—the result of the nephritis of pregnancy.

Kaltenbach and Gerdes (*Wien. Med. Blatt, and Deutsche Med. Wochen.*), and abstracted by The Review of Insanity and Nervous diseases, have discovered a short, thick bacillus in the organs and blood of patients dead of puerperal eclampsia, and Gerdes sums up as follows:

1. The eclampsia bacillus is the sole cause of puerperal eclampsia, and is found in no other disease, and there can be no eclampsia without its presence. The infection proceeds from the uterus, probably from an endometritis existing prior to conception.

2. The convulsions due to other causes occurring during labor, are to be strictly separated on the basis of the post mortem appearances, from pure puerperal eclampsia.

3. Eclampsia is a well-characterized disease, strictly limited anatomically.

4. The profound changes found in the organs of eclamptic patients post mortem, are not adequately explained by the demonstration of the presence of the specific germ in the body, but are probably due, directly or indirectly to its toxines.—*Chicago Clinical Review.*

THE SERUM TREATMENT OF PNEUMONIA.—Under this title the *New York Medical Record* says, editorially: "Among the first practical applications of the experimental investigations regarding immunity were those of the Klemperer brothers. They had first found in the cultures of pneumococci a toxine which produced pneumonia in rabbits; later they discovered that rabbits which had been inoculated with the serum of animals and men convalescent from pneumonia were invulnerable to the injections of the pneumotoxine. Applying these results to men, they injected subcutaneously the serum of persons who had just recovered from pneumonia in six cases of ordinary pneumonia. In all

these cases the crisis appeared in twelve hours, though there was some return of the fever later. The patients all recovered. Neisser reports three cases, in all of which recovery took place, though the specific effect of the serum injections was not so clearly demonstrated. Redner has reported twenty cases which were treated by the injections. In all there was a favorable result, but in a good many this could not be attributed to the treatment alone. Other cases have been treated by C. Janson.

"The first to apply this method of treatment in America, so far as we know, were Drs. W. E. Hughes and W. S. Carter, of Philadelphia, who report one case in the *Therapeutic Gazette*, and give a summary of previous experiments, upon which we have drawn. Drs. Hughes and Carter report the history of their case with commendable care in detail. The patient was a male, thirty-five years old, a hard drinker, who, after a two weeks' spree, developed a chill with cough and intercostal pain. Three days later he was found to have a temperature of 104° F., with consolidation of the right lower lobe and the beginning of a similar involvement of the left lower lobe. On the fourth day of the disease he received an intravenous injection of three hundred cubic centimeters of defibrinated blood taken from a negro convalescent of pneumonia. The injection was followed by a chill and purging; the temperature, which was 104.8° F. before the transfusion, was 101.6° F. after. Next day it rose to 104.4° F., and subsequently oscillated between 103° or 104° F. and was normal for three days, when the lungs seemed pretty clear, the temperature was normal, and convalescence began. The authors attribute some specific effect to the injection, because the lungs began to clear up at once despite the fever. We think it very doubtful if the case would be received as one contributing much to one's confidence in serum therapeutics. However the patient recovered despite his alcoholic pneumonia, and that is a good deal. Drs. Hughes and Carter advise against the use of defibrinated blood, and think that serum collected from a blister, or by letting drawn blood stand, is safer and more efficient. At least fifty cubic centimetres of serum should be used, and it should be injected beneath the skin rather than thrown into the veins."—*Medical Progress.*

THE CIGARETTE EVIL.—Considering what very poor things cigarettes are, it is surprising that they should have got such a hold upon the community. But, bad as they are, they are extremely fascinating. The use of them, when carried to excess, becomes a habit that is most difficult to break, while they are so cheap and so convenient that it takes exceptional discretion to smoke them at all without smoking them to a deleterious extent.

Of course it is primarily because they are so cheap that they appeal so generally to boys; but even with boys, who ought not to be allowed to smoke at all, it is not so much the tobacco in the cigarette that does the mischief as the pestilent and insinuating practice of inhaling the smoke. An ordinary boy of wholesome appetites won't smoke cigars or pipe tobacco enough to do him serious harm even if he can get them, nor would the cigarettes he might smoke be so serious a menace to his welfare if he could only smoke them as he would cigars. The trouble is that as soon as he gets used to cigarette smoking he begins to inhale the smoke, and presently is fixed in a habit that plays the mischief with him.

Whether anything besides tobacco goes into the ordinary cigarettes is a much discussed question. The effect they sometimes produce on the brain is so different from that due to tobacco in other forms as to favor the theory that many of them contain opium or valerian; but this the manufacturers deny, usually asserting that such drugs are too expensive to put into cheap cigarettes, even if it helped their marketable qualities. One thing besides the tobacco goes into them, and that is the paper, the fumes of which are, doubtless, bad for the throat and lungs as far as they go.—*Hall's Journal of Health.*

SANDER'S & SONS' Eucalyptol Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports of cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

THAT THERE IS DANGER SOMETIMES IN TEACHING YOUNG LADIES HOW TO SING.—This is how a lady stated the case to her husband as being the advice of the singing master in regard to her daughter:

"The first professor said that Almira sings too much with her borax. If she keeps on she will get digestion of the lungs. He said she ought to try the abominable breathing, and practice sol-fudgery. Then the next teacher told me she ought to sing with her diagram, and not to smother her voice in the sarcophagus. Then the next he poked a looking-glass down her throat, and said the phalanx was too small, and the typhoid bone and the polyglottis were in a bad way; and I never knew that Almira had so many things down her throat, and I am afraid to let her sing any more for fear it will kill the poor girl."—*New York Med. Examiner.*

Correspondence.

SHALL SUCCESS IN THERAPEUTICS BE IMPERILED BY ETHICAL CONSIDERATIONS?

WASHINGTON, D. C., January 13, 1892.

To the Editor of the New York Medical Journal:

SIR—I have read and weighed the contents of the letter in your issue of December 19, 1891, on this subject: Shall success in therapeutics be Imperiled by Ethical Considerations? That certain points in this letter have made a profound impression upon me is the main reason why I now address you, and respectfully ask that my letter be published in the columns of the *Journal* in vindication of the honorable standing to which all good and true practitioners of medicine aspire.

Dr. Dodge states very clearly a point that is now appealing to every practicing physician—that in these days of advancement in the manufacture of pharmaceutical products we should no longer be confined, as were our forefathers, to prescribing drugs in their

crude form, since there are to-day thorougly attested remedies in palatable form, which our patients can take without repugnance and with benefit.

Now, while the code of ethics is an admirable exponent of the tenets which are acceptable to the great body of practitioners in our country, yet it is at least a question open to discussion whether there are not some points which in our progressive age might be reconsidered and revised. And I would suggest as one subject for discussion the question of the approbation and recommendation of certain proprietary articles which are in almost daily use by very many of our ablest practitioners.

Why should those preparations be condemned simply because their manufacturers are protected under a registered trade-mark? Is it not perfectly legitimate for our medical societies to elect competent committees to be judges of the therapeutical value of tried proprietary preparations? And could not their recommendation also be secured by their indorsement—

1. In didactic and clinical lectures and private instruction given to medical students.

2. In original articles acceptable to the editors of recognized medical journals; and

3. In standard medical works?

I address you particularly on this subject for the reason that the readers of your journal have carefully observed the fearless manner in which you and your able associates have defended the worthy against the unworthy, and given justice where justice was due. We have also seen that your journal has reviewed and commended works by others than medical writers. I have in mind the fact that the very excellent work on the therapeutical application of coca erythroxylon by Angelo Mariani, of Paris, France, the proprietor of the world-renowned *Vin Mariani*, was favorably reviewed by your journal.

WILLIAM H. HAWKES, M.D.

[WE give place to the above excellent communication to our able contemporary as containing sound, logical statements of facts. Proprietory medicines have their place to-day, and will yet attain a higher in the future. Why strain at a gnat and swallow a camel? See page 67 in regard to the "Injustice of Discrimination."—*Ed. S. P.*

Editorial.

THE ASSOCIATION OF SOUTHERN MEDICAL COLLEGES.

"The editor of the *Southern Practitioner*, a journal edited at Nashville, Tenn., takes exception to our editorial criticism anent the organization of the above-named association. Knowing the history of the attitude of several of the Southern medical schools towards the Association of American Medical Colleges, knowing that twenty-six of these colleges were represented by one or more delegates at the time of the provisional organization of the National body at Nashville four years ago, knowing that a pronounced spirit was manifest by a few of these schools even from the initiative organization to thwart the establishment of a high grade of requirements, knowing that this disposition was manifest upon the floor of the convention then in session, and that the strongest argument made against any progressive action emanated from a distinguished orator protesting against our attempt to scale the mountain's height by a single leap, knowing that this advanced position upon the part of the delegates was rendered doubtful by a body of delegates representing a few Southern schools immediately convening a caucus in a corner of the same room wherein the National body was holding its convention, knowing that a subsequent caucus was held at the Arlington Hotel, Washington, D. C., immediately antedating the second annual session of the National body in the above-named city, knowing that only two of these colleges had severed their connection with the National body, and that several were ignoring the provisions of this Association, knowing that the representatives of several of these schools were directly or indirectly trying to destroy the American Association, knowing that gross irregularity existed in regard to the enforcement of even a half-way respectable curricula, by conferring degrees after the study of medicine for a period of "eighteen months" together with attendance upon a few continuous weeks of lectures, or by conferring the degree of M.D. upon the scholarly drug clerk, if he will only take "one course of lectures," knowing that the opposition to the adoption of a high standard by the National Association came from a restricted portion of the South, and that the larger portion of colleges represented in the new Association were these same schools, knowing the above facts at the time of publication of the editorial in question, knowing that the broad-minded, unprejudiced representatives of the poorest medical college in America could not conscientiously criticise the tone of the article—knowing these data, we saw

ifest the courage of our unbiased convictions by the publication
torial in question.

us to suggest parenthetically, that we question the ability of any
al to prejudice the body of practitioners against the National
n unless it is directly to their interests to manifest such spirit.
' the opinion that the great mass of practitioners of medicine in
and Tennessee are as desirous of high-grade college instruction
ctitioners of Illinois, Minnesota or New York. If the practi-
Kentucky and Tennessee were to follow the example of their
poken brethren in Virginia, North Carolina, Alabama, Minne-
York, New Jersey, and several other States, they would shortly
ed against the dangerous product of several low-grade colleges
icinity. The experience of a large number of States possessing
medical legislation reveals the well-known fact that a large por-
e alumni of the medical colleges of America, that are conducted
nue only" are unfit to be entrusted with the lives of the people,
igh their examinations are far from rigorous, over 25 per cent.
lumni fail to secure a license. Careful statistics gathered by the
s of these boards reveal the fact that these men shortly drift out
fession, or locate in States not possessing efficient medical legis-

y of these men, when too late to retrieve their great loss, openly
ir alma mater.

columns of this journal in the past have been greatly given
cientific papers, and will probably continue to be in the future.
of medical sociology have been greatly neglected notwithstand-
e the legitimate organ of nearly one hundred thousand practi-
medicine in the United States. In view of the repeated and
voice of the American Medical Association in behalf of better
ducation, we feel justified in assuming the position we do in dis-
is question."

ve our large circle of readers the benefit of the full quo-
ove from the editorial columns of *The Journal of the n Medical Association*, of January 21st—a periodical that
eed to be representative of an entire country, composed
North and South, as well as East and West, and not lim-
its support from any particular section or set of men,
stained by the Doctors of the United States of America,
lakes to the gulf, from the Atlantic to the Pacific.

uasi Association journal editor—for we know that neither
le appearing in the Association Journal of December
t., nor the one above quoted, could have emanated from
of that true Christian gentleman, Dr. J. C. Culbertson,
been placed at its helm, though he will have to bear the

brunt of it, and many think it the work of his facile pen, and have so charged, which we have denied, as well as the assertions from both pen and lip that it was the work of that grand old man, "The Father of the Association"—no, no, it did not come from such men as these, but one of Chicago's doctors, who may have used pure words at some time in his career, but has ever wielded a most unfavorable influence on the prosperity of the Association journal, and who has posed time and again as a most veritable Pandar—seems to know a "right smart chance," as our Tennessee vernacular would express it. Yes, he knows a "*heap*"(?) Well, with his many and oft reiterated "knowings," we will say that he does not yet know quite enough to bait a "skunk-trap" so artfully as to entrap Southern medical gentlemen. In order that we may add to the knowledge of our knowing friend, we will instruct him in the method of best catching an Irishman—"one of whom we are which"—and not a Tartar. If you want to catch an Irishman, get you a good, strong barrel, a whisky barrel if you wish, with both heads stoutly secured, sound staves and well hooped. Enlarge the bunghole just sufficient for a good-sized, well-grown son of Erin to introduce his hand, and place within the barrel an Irish potato. The first bog-trotter that comes along will introduce his hand and seize the potato, and never release his grasp. You have got him, have you not?

But the specious effort to entrap Southern medical men by such an Association as has twice been attempted, will ever prove a failure. A wily bird dreads the snare. Yes, and Southern medical men, believing themselves the peers of any, have the right to control their affairs in their own way.

Granted that you did catch one of the Southern medical schools, with its sonorous Kentucky fog-horn, and have given it some gratuitous advertisement, which will do it no good whatever, as long as it has to compete with the grand old time-honored University of Louisville, in which medicine is taught as well to-day as when a Gross or a Flint occupied the rostrum of its lecture halls, or the Kentucky School of Medicine, with its courtly Wathen and gifted Matthews, or the Louisville Medical, with captivating Kelly and brainy Larrabee. No, indeed, a stronger backing will be needed to down such institutions and

such men, to say nothing of the other honorable medical institutions that have seen fit and proper to organize an association of their own, believing that they were capable and competent to control their own affairs. Yes, we repeat it: Southern medical men have a right to both think and act for themselves, and to manage their medical schools in their own way.

Has the Association journal, maintained largely by Southern men, a right to make so vile and scurrilous an attack? We have stated that we thought that we had some knowledge as to who was responsible for the two peculiar diatribes—feeling justified from our knowledge of the men in placing the paternity elsewhere than on Dr. Culbertson or the venerable "Father of the Association." We have had a small bird whispering in our ear that such articles could only emanate from one of the medical men of the "Windy City," whose features have lately been made somewhat public property. Apparently of handsome physique, and of gentlemanly demeanor and of genial face, yet we think if his *tout ensemble* was submitted to a close and careful clinical review by an honest jury, with all the evidence in, the verdict would be: "Let no such man be trusted?" though assumed to be "a good man and true."

In conclusion, we stand by our statements in our January number. They have not been confuted or refuted by the "knowing" individual who is protected by the editorial ægis of the Association journal. In this we are fully sustained by quite a number of personal letters from able and prominent medical gentlemen of the South—the equals of any of the world—some connected with medical schools, others not having had such connection since their graduation, and beg leave to submit the following editorial extract from the January number of the *New England Medical Monthly*—the honest words of the grand and glorious Wile, one who has been at the front, as he will ever be, in medicine, in science, in literature, and in peace and war. We cannot but think it will be a nice *bon bouche* for our *quasi* editor. We submit it in full, and as it is headed:

"SOUTHERN MEDICAL COLLEGES

"We are quite astonished at the tone of a recent editorial in the *Journal of the American Medical Association*, entitled "Two Medical College Associations." It is a direct insult to the medical colleges in the South,

and comes with a very bad grace from the *Journal of the American Medical Association*. As we understand it, the association of Southern medical colleges embraces every single college in the Southern States, but one. The rules and regulations governing this organization calls for 'a three years' course, through the entire membership, a decided step in advance, as well as raising the qualifications for admission; the candidate must possess a diploma of graduation from some literary or scientific institute of learning, or certificate from some legally constituted high school, general superintendent of state education or superintendent of some county board of public education, attesting the fact that he is possessed of at least the educational attainments required of second-grade teachers of public schools, provided, however, if a student so applying is unable to furnish the above and foregoing evidence of literary qualifications he may be permitted to matriculate and receive medical instructions as other students, and qualify himself in the regular literary departments and stand his regular examination as above specified *prior* to offering himself for a second course of lectures.' This will show an upward course in the Southern medical colleges, and it illy becomes the *Journal* to throw mud, or try to belittle an association that promises so well for the future."

And now, finally, we will say, "*Fiat Justitia*," even though the Northern heavens fall, and will ask all friends of true medical progress to read the regulations of the two college associations, which appeared in paralleled columns of *The Journal of the American Medical Association* of quite a recent date.

SHOULD IT BE WE? "OUI! OUI!"

Our genial and brilliant friend who so successfully and satisfactorily holds down the tripod in the editorial sanctum of the *Medical Mirror* of St. Louis, has attracted the attention of friend Daniel of the well-known "Red-Back," in regard to the use of the singular or plural in editorial writing.

Now, if they will consult the back numbers of the "S. P." they will see that this humble pencil-shover has essayed the same effort before the *Mirror* had started on its grand and successful march in the serried ranks of American medical journals.

We thought that *we* were correct. At times it would seem so —others not. We thought of how this term had been used from

time immemorial. The most brilliant and able editorial writers of the ages, not only in the medical, secular, religious, legal, scientific and other publications, to say nothing of my fathers in medicine—those magnificent, grand and typical true medical editors, Eve and Bowling—have made its use familiar to all readers. I thought at times it was a shirking of a responsibility when writing an editorial paragraph to use the plural. I also thought that possibly it was right when more than one individual was engaged in the publication of a periodical. But I thought also of times when many editorial writers were singly engaged in their work. Well; we will give the following extracts from the last copy of the *Mirror:*

"I clip the following from that brilliant, breezy, live and energetic redback journal of Texas, edited by the able and wide-awake Daniel, of Austin:

"'Dr. I. N. Love, the only genuine and original, uses the personal pronoun, first, singular, in his editorials instead of the time-homored 'we.''

"Oui, Oui. I have dropped the time-honored editorial 'we' in this department. I really cannot understand by what right any individual in writing can announce himself as plural, unless it be that the man who engages in editorial work sooner or later gets 'doubled up' so many times that he is fully justified in referring to himself as 'we.'"

In conclusion, *we* will say that *my* opinion, after turning from one side to the other, was that *we* is right. While the editor of the periodical may be singly engaged in his work while at his desk, he has associates who are also engaged in spreading abroad his ideas—there is at least the printer and his devil, and if this trio is not entitled to a plural designation, it is very singular.

But stop! We have in mind one medical editor, who I and many others can but regret that he is now permitting his brilliant pen to idle away these times so full of medical progress, who I thought was justly entitled to use the first person singnlar, from the fact that he was editor, printer and devil—all in one. The editorial paragraphs, and much of the original matter of *The Country Doctor* were written by Bro. McColgan, who then put them into type [sometimes, in fact, he did not take the time to write them, but composed both mentally and physically], made

up the forms, put them on the press, and worked them off, individually and alone, directed and mailed his journal by his own hand. Now, when friend Isaac, or any other man, will show as much energy, determination and independence, *we* can justly allow him to use a great big I. Such is my or *our* opinion; such was and is custom, and always will be.

OBITUARY.—Dr. Charles W. Winn, one of the active practitioners of medicine in this city, died on the 15th day of January, 1893, after a long and trying illness.

His term of years was but 39, but in his short career of life he had devoted its most active portion to the relief of suffering humanity and the advancement of the science of which he was an humble yet useful member. He was a man made by himself. Unprovided with this world's goods, he obtained by his own energies and exertions a knowledge of a most exacting science and art. He used this knowledge to good purpose, and was a self-denying, energetic and earnest worker in behalf of his fellow man, a true physician and an honest devotee of science.

He was one of the organic members of the Nashville Academy of Medicine, and one of its most earnest, persistent and self-denying members. On his death the Nashville Academy of Medicine, in open session, adopted appropriate resolutions to his memory, which but faintly portray his excellence of character, integrity and devotion to medicine. These resolutions were published in the Nashville secular papers, and we regret that want of space precludes their entire appearance here, yet we feel justified in giving place to one of these resolutions of justly earned respect, which is as follows:

Resolved, by the Nashville Academy of Medicine, That in the death of Dr. Winn it has sustained an irreparable loss; that as a medical society we have been deprived of an active, efficient and able co-worker; that as professional brethren we have lost a confrere whom we honored and esteemed for his considerate regard for each and every member of the profession; for his high ethical standard of intercourse, and for his lively interest in all that pertained to the welfare of his chosen profession."

He graduated in medicine at the Medical department of Van-

derbilt University in 1879, and was the valedictorian of his class. He commenced the practice of medicine at Bigbyville, Maury county, Tenn., and practiced in that section until he moved to Nashville in 1885, where he worked consistently and conscientiously until prostrated some months ago by the illness which terminated his useful life.

He was twice married, first so Miss Saidee Lawrence, daughter of Dr. John Lawrence, of the Hermitage, his wife being the eldest daughter of the daughter of the adopted son of Andrew Jackson, by whom he had one son, who survives. His first wife dying in but little over a year after their marriage, he was some two years later fortunate enough to secure the hand of Miss Branch, of Columbia, who, with one son, survives and mourns his untimely loss.

Possessed of a strong bodily constitution, a sound and deliberate judgment, and indomitable energy, he succeeded in his profession far beyond what his opportunities and advantages would have led us to expect.

When ill-health assailed him, and he was brought to pass painful days and sleepless nights, his fortitude never forsook him—he was uncomplaining and hopeful to the end. He was a self-made man, a consistient christian, and leaves behind him the best of legacies—that of a good name.

THE DEATH OF DR. BERIAH A. WATSON, OF JERSEY CITY, is announced to have taken place on Thursday, the 22d ult., in the 56th year of his age. Dr. Watson was a graduate of the Medical Department of the University of New York, of the class of 1861, and one of the surgeons of St. Francis Hospitals.—*N. Y. Med. Journal* Jan. 7, 1893.

The brief statement given above awakens thoughts of peculiar sadness and regret. A personal acquaintance with this kind, genial and most earnest devotee to surgical knowledge and progress is at an end. We will see him no more. How well do I remember our last interview when he was at Nashville, at the annual meeting of The American Medical Association in this city, he being Chairman of the Section of Surgery and Anatomy? His address as Chairman of the Section, like his other writings and

productions, was a gem of surgical literature. His published work on Amputations, his reaserches in Surgical Pathology, his contributions to medical periodicals and society transactions, his surgical work, and his surgical investigations, have placed his name high on the roll of American surgeons and has added luster to the grand galaxy of surgeons of the American continent who have preceded him, and will greet him as a fellow and a peer on the other shore. We can ill afford to spare such men; but the world to-day is better for their having lived. Suffering has been alleviated and life has been prolonged by Dr. Beriah A. Watson.

PAN-AMERICAN MEDICAL CONGRESS.—The preliminary announcement of this Congress (to meet in Washington, D. C., next September, 5th to 6th), is at hand. It consists of sixty-four pages, giving the by-laws, committees, sections, officers of sections, etc. Nearly every North and South American nation is represented and "the isles of the seas" have not been overlooked or forgotten. This bids fair to be the largest convocation of medical men this country has yet had. The Treasurer of the organization is Dr. A. W. Owen, of Evansville, Ind. The dues are ten dollars. It is requested that as many as possible, of the physicians in good standing in the United States (who design attending the Congress), would send this fee in advance of the meeting. Even at this early date it would be acceptable, in order to carry on the necessary preliminary expenses of the Congress, and these are by no means light.

The Secretary-General, Dr. Chas. A. L. Reed, of Cincinnati, will answer all inquiries of interested parties.

Dr. Wm. Pepper, of Philadelphia, Pa., has been elected the President of the Congress.

THE ALUMNI ASSOCIATION of The Medical Department of the University of Tennessee will be held in the College Hall, on Wednesday, February 22d, at 8 o'clock, P. M. The public are invited to attend. Addresses will be delivered by some of the ablest of the many able practitioners of medicine who hail this school as their Alma Mater.

THE MEDICAL AND SURGICAL OBSERVER is the title of a new monthly journal, published at Jackson, Tenn., by Dr. M. Vandahurst Lynk, editor and proprietor, 8vo.. pp. 26, subscription price $2 per annum in advance. It enjoys the unique position of being the *only* distinctively negro medical journal in America. We wish it every degree of success, and hope that the race to which it belongs will give it a satisfactory support.

With the education of the negro race, following his emancipation on this continent, we were gratified at the organization of medical schools for them, so that they might have medical attendance of their own, and we sincerely hope to see this additional movement of progress achieve a satisfactory and substantial success.

The first number, just issued, is well printed, excellently edited, and is a credit to its originator.

HORSFORD'S ACID PHOSPHATES.—In our special advertising space occupied by the *Rumford Chemical Works*, of Providence, R. I., who manufacture this most excellent, well-tried, and most highly-approved preparation, occurred a most egregious error—no, a most miserable typographical error. It was one of those things that will sometimes occur when we are at the mercy of the [printer's] devil. We do not think it will amount to much with the readers of the SOUTHERN PRACTITIONER, for we know that they are, all of them, sufficiently intelligent to know that *Horsford's Acid Phosphate* has proven itself to be all right, and that whether the "R" is left off or not, they can rely upon the reliability of Rumford Chemical Works, and join us is saying "it is no matter which end you leave off letters, not if both are included, that Rumford is all right and that it is an accepted fact from the amount of Horsford's Acid Phosphate used, that their place of manufacture must be in the *plural*. Read their advertisement this month and you will find it all *right*—as you always will find *Hosford's Acid Phosphate*.

THE "AMERICAN TEXT-BOOK OF SURGERY," edited by Professors Keen and White, of Philadelphia, which has only been issued a few months, is already a phenominal success. It has

been adopted as a "text-book by forty-nine of our leading medical colleges and universities. Nearly forty-five thousand copies have been placed in physicians' libraries, and every indication points to the sale of at least as many copies more in the next six months.

Dr. Nicholas Senn, of Chicago, is now preparing a "Syllabus of Lectures on the Practice of Surgery," arranged in conformity with the "American Text-book of Surgery," which will be a valuable aid to all who have this great book.

McArthur's Diary, for 1893, is the title of a very handsome little brochure for the vest pocket, containing much valuable information, epitomized for the use of physicians. If you have not received one write to the *McArthur Hypophosphite Co.*, Boston, Mass., and they will send you one for the small sum of twenty cents.

A New Professorship in Jefferson Medical College.—At a meeting of the Board of Trustees, held on Wednesday, November 30, 1892, Dr. C. E. Schweinitz was, on the unanimous recommendation of the Faculty, elected Clinical Professor of Ophthalmology in the Jefferson Medical College.

At the time of election, Dr. Schweinitz was Professor of Ophthalmology in the Philadelphia Polyclinic and Lecturer on Medical Ophthalmoscopy in the University of Pennsylvania.

OUR ADVERTISERS.

We desire to call the attention of our many readers to our advertising pages, which will repay a careful perusal. We have adopted the rule, which has been strictly adhered to, of admitting nothing but first-class, reliable articles, which we can cordially commend.

Therapine is one of the new coal-tar derivatives placed before the Medical profession by the Albemarle Chemical Co., 115 Fulton Street, New York; Southern Depot, Nashville, Tenn.

WHEELER'S TISSUE PHOSPHATES is a nerve-food and nutritive tonic of special value in the treatment of consumption, bronchitis, scrofula, and all forms of nervous debility.

DIOVIBURNIA is a most excellent uterine tonic, antispasmodic, and anodyne. It is a reliable remedy for the relief of dysmenorrhœa, amenorrhœa, menorrhagia, leucorrhœa, and subinvolution. If checks threatened abortion and relieves the vomiting of pregnancy.

THE MEDICAL AND DENTAL DEPARTMENTS OF THE UNIVERSITY OF TENNESSEE are in a more flourishing condition than ever. The largest classes ever in attendance this year. With one of the most suitable buildings for medical teaching, improved clinical advantages, and a corps of active, earnest, hard-working teachers, success is natural.

FELLOWS' HYPO-PHOS-PHITES (Syr. Hopophos: Comp: Fellows:) contains the essential elements to the animal organization—potash and lime; the oxydizing agents—iron and manganese; the tonics—quinine and strychnine; and the vitalizing constituents—phosphorus, combined in the form of syrup, with slight alkaline reaction.

MESSRS. WM. R. WARNER & CO. have a double page advertisement that will repay careful perusal. Their special preparations have long been recognized as standard and reliable. Of their Bromo-Soda we can only speak in the highest terms. Their other preparations will unquestionably give satisfaction.

NEUROSINE has obtained endorsements from some of the most practical cliniciens of America. It is a most excellent neurotic, anodyne, and hypnotic, and is remarkably efficacious in the treatment of nervous affections.

VIN MARIANA is a "diffusible stimulant and tonic in anæmia, nervous depression, sequelæ of child-birth, lymphatism, tardy convalescence, general "malaise," and after wasting fevers. It is the only tonic stimulant without any unpleasant reaction, and may be given indefinitely, never causing constipation."

FEBRILENE.—Having used this preparation since its first introduction to the profession, and having derived much satisfaction from its use in malarial affections, the following formulæ have been suggested, that, I think, will be appreciated by the readers of this journal. Physicians often wish to make palatable tonics for their female and youthful patients and will here find some excellent combinations:

℞ Febrilene (Tasteless Syrup Quinine, Lyon's)...f. ℥iv.
Fresh Simple Syrup.....f. ℥iv.
Iron by Hydrogen .....grs. lxiv. M.
Dose, one to two teaspoonsful.

℞ Febrilene (Tasteless Syrup Quinine, Lyon's)...
Fresh Simple Syrup.....aa f. ℥iv.
Potas. Iodid.....grs. cxxviii.
Iron by Hydrogen.....grs. lxiv. M.
Dose, one to two teaspoonsful.

℞ Potas. Iodid.....grs. lxiv.
Fl. Ext. Cascara Sagrada.....f. ℥iv.
Febrilene (Tasteless Syrup Quinine, Lyon's)
Fresh Simple Syrup.....aa f. iv. M.
Dose, one to two teaspoonsful.

FEBRILENE will combine with any powder, syrup, or fluid extract which does not contain acid or alcohol. Acids and alcohol, in any form or quantity, will develop the bitter taste.

COMPOUND TALCUM, manufactured by Dr. Julius Fehr, is a delight to all mothers. It is antiseptic, antizymotic, and disinfectant, with positive hygienic, prophylatic, and therapeutic properties. It is truly a baby's powder.

SCOTT & BOWNE make a most excellent emulsion of cod-liver oil. Read their advertisement; see what they have to say. Not much, to be sure, but "words with the bark on."

MESSRS. FAIRCHILD BROS. & FOSTER, Makers of original and reliable preparations of digestive ferments and other valuable therapeutic remedies, have an important notice in this number. Complete lists and descriptions will be sent to any one applying to them at 82 and 84 Fulton Street, New York.

DON'T FORGET that *One Dollar*, sent by mail, in currency, U. S. postal order, postal note, or one or two cent stamps, will

secure twelve consecutive monthly issues of THE PRACTITIONER—each containing forty-eight pages or more of choice, interesting and reliable reading matter devoted to medicine and surgery.

VIBURNUM PRUNIFOLIUM.—Of the many proprietory preparations that have been offered to physicans in past years there is not one that has so justly earned the large degree of popularity afforded as Dr. Hayden's viburnum compound. It has given the utmost satisfaction whenever tried, and the many physicians throughout the land are under many obligations to its originator. To the gynecologist, the obstetrician, and general practitioner who is often called upon to act promptly and effcctively in both specialties, it has proven a boon indeed. This statement is made as the result of the most thorough examination of this ideal preparation.

Reviews and Book Notices.

TEXT-BOOK OF NERVOUS DISEASES. Being a Compendium for the Use of Students and Practitioners of Medicine. By CHARLES L. DANA, A.M., M.D., Professor of Nervous and Mental Diseases in the New York Post-Graduate Medical School, and in Dartmouth Medical College; Visiting Physician to Bellevue Hospital; Neurologist to the Montefiore Home; ex-President of the American Neurological Association, etc. With 210 illustrations. Octavo, 524 pages, red parchment muslin, price $3.25. WILLIAM WOOD AND COMPANY, New York.

This work, though very thorough and excellent in its character, is not intended as an exhaustive treatise, but it covers the essential points with which the practicing physician should be familiar in his treatment of nervous diseases.

Dr. Dana, in his preface, states that the object of this work is "to furnish a book which will be suitable for all students and practitieners, and not be valuless to the specialist." It fully covers the intentions of the author, and will be a most excellent guide to the proper understanding and management of many obscure cases.

This book is not a compilation, but the result of years of study and practical work in that most difficult branch of medical study.

The type is small—too small—but fully compensated, perhaps, by the fine paper, clearness of print and most excellent form in which the publishers present the work.

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR.

DEERING J. ROBERTS, M.D., - - *Editor and Proprietor.*

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Original Communications.

CHARGE TO THE GRADUATING CLASSES OF THE MEDICAL AND DENTAL DEPARTMENTS OF THE UNIVERSITY OF TENNESSEE—EIGHTEENTH ANNUAL COMMENCMENT.*

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We hear a great deal now a days about elevating the medical profession. Medical journals abound in editorials upon this topic. Addresses before medical societies dwell on the subject. Laws regulating the practice of medicine are demanded. Improvements in medical education are eloquently urged. From all this one would conclude that the past fifty years have been a period of decline and degradation for one of the three learned professions, and precisely that one most needed by mankind.

*Delivered at Watkins Hall, Thursday, Feb. 23, 1893,

The few among us whose memories can revert to the year 1843 all agree that the medical men of that period were by no means inferior to their compeers of the clergy and the bar, whether reference is had to individual worth and standing or to influence and esteem in their respective communities. Now, what has wrought the change which must have taken place, unless all the concurrent testimony above mentioned is at fault? It must be presumed that there is some foundation for this widely spread idea, and yet it is exactly what we would not have expected when the history of the medical sciences for the past generation is considered. In no departments of human research has greater progress, both in science and in art, been made than in those upon which the medical profession is based. In comparison, theology and law have stood still. Only the pursuits based upon applied sciences can maintain a comparison.

Holding no creed, bound by no fanciful axioms, medical men are on the keen lookout for improvement in their art, come whence these improvements may, and destructive though they be to old ideas and well-established modes of practice. This is the grand glory of the medical profession. A few members, naturally conservative, may stand still, but the vast body, all the world around, almost simultaneously adopt the scientific discoveries of Pasteur, the naturalist; of Koch, the medical philosopher; of Marion Sims, the father and founder of gynecology. As a consequence, never has a half century witnessed such wonderful achievements elsewhere as we find in medicine; operations which fifty years ago were unconceived by the wildest imagination are now daily performed in all parts of the globe to to the saving of numerous lives. Accidents then regarded fatal are now matters of trivial concern. Epidemic diseases which then were allowed to traverse the globe and destroy hundreds of thousands, we now meet with calm and resolute courage and halt them in their course.

Show me the practical triumphs of law which can be named alongside of the above. In this wonderful republic does every man know that his home, cabin though it be, is indeed his castle. Are our prisons and penal code at all in advance of fifty years ago? Or, rather, are they not far behind? Is life more secure, or rather, is it not far less secure?

Yet we do not find legal gentlemen complaining that their profession has declined in honor, esteem or influence.

What a paradox have we here! The profession, which in fifty years just now ending, has made most magnificent progress in in practice, losing its hold upon the great public, and diminishing in its own self-respect? The other, notably a failure just where modern progress should have made it most efficient, holding a high head and claiming obedience from all? Without attempting to solve this riddle, my task for a few minutes will be to show you, who are just now commencing the doctorate of medicine and dentistry, how you may avoid sharing in the degradation of your calling. How you may do your part in placing it where it rightfully belongs, as the most godlike of all human pursuits.

For eminent influence among men, breadth of culture is essential. Profound acquirement in a special or limited field will not avail. Right here perhaps is the real cause of the relative decline in the medical profession. It is becoming a mere collection of scientific specialists, working wonders indeed, like the astronomer or the electrician, but, like these, having no influence with the general public. Whereas the divine and the lawyer, professionally, are compelled to grapple with topics which concern everybody, and for the proper discussion of which a very wide range of knowledge must be ready, and also facility of language for properly using that knowledge.

For just fifty-two years I have been a student and an observer of the medical profession as a body of men. No one who thus becomes familiar with it in all phases of its work can fail to be impressed with its intrinsic nobleness, its heroic self-sacrifice, and its failure to assert its rightful influence and claim its due honor among men. It is passing strange that a corps composed of many thousand learned men, mingling daily with all the millions of its fellow people, under circumstances of the most affecting nature, should in some respects be totally ignored. Itself alone is to blame.

Time more precious than gold, which, if properly used, would yield the broad mental culture needed to place the physician quite upon the level of the minister or the lawyer, is thrown away. Right here is my thesis for you, young men with whom

so many pleasant hours have been enjoyed during the past six months. Waste no hours, and in your own offices you will find ample means to make up the lack of early opportunities, and also to correct the one-sided tendencies of your profession.

We must not theorize. We must take things as we find them, and as a matter of fact the large majority of young men in this glorious south-land who study medicine have not enjoyed extensive collegiate facilities. Indeed, this remark applies more or less to the entire United States of America.

Now, let us see what these men lack. So far as the material sciences are concerned, which at this time happen to be in special favor with the advanced educationalist, they are specially favored. At the very outset in their medical curriculum they must become students of physics, chemistry, anatomy and biology. Thus they speedily acquire far more of these great fundamental branches of science than do those who become graduates of colleges. The thorough knowledge of anatomy alone, which every earnest medical student acquires, entitles him to the name of scientist. By means of the great and also the special practical branches of his profession, powers of observation and skill in manipulation are developed, which constitute a training by no means inferior to that of the mechanic or the art institute. *Quoad* science, the doctor is fully equipped in facts and in methods. If favored with a long life in the profession he gets more than his share.

In the field of general literature he needs to make up the want of a high-school or college course. This can be best done by means of vigilantly redeeming time, and steadily pursuing a well-digested course of reading and study, somewhat similiar to the one now briefly outlined.

Inasmuch as as our letters, philosophy and art must all trace their descent from that most remarkable people, who more than two thousand years ago, by a heroism of unsurpassed magnificence, saved Europe from oriental barbarism and made our present civilization possible, some knowledge of their history and literature is indispensable to even a slight comprehension of our own.

To the other most remarkable nation of antiquity are we indebted for polity and law. So much so that all christendom of

to-day may be looked upon as merely offshoots of Rome, either republican or imperial.

Both these wonderful nations, through their languages, are inseparately bound up with us. Greek and Latin, so far from being dead, live this moment in the modern imperial language, now the mother tongue of more than one hundred millions of people, spoken in every quarter of the habitable globe. So essential is an elementary knowledge of these languages to a right understanding of our own that in all our schools English grammar, which cannot be understood by children, should be replaced by the Greek and Latin grammars, which are far more comprehensible. The best educators in America recognize this statement as true. English grammar is a torture to the little people; Latin and Greek a pleasure.

To get into the spirit of the ancient classical peoples no one author can be named as comparing with Plutarch. Therefore, read, and read again, his "Lives," which are said, with good reason, to be the most popular book outside the Bible.

For Rome, take that wonderful history written by Gibbon, which not only narrates the fortunes of an empire, but gives a history of the world as it passed from the ancient to the modern phase.

Along with these two authors carefully study in some standard translation Homer and Virgil, thus at once cultivating a taste for poetry and getting an insight into ancient customs, religion and morality; an insight which will greatly increase your estimation of what Christianity has done for man. Having thus acquired some idea of the ancient world, next take the great English masters, Shakespeare and Milton, in each of whom also lives the old classical genius. These authors you must read once and again. Through them you hold communion with the English people of past generations, with the English-speaking people now dwelling all around the globe, and with the English-speaking people of generations to come. A rare fortune it is to be fellow countrymen with these master minds. No other modern nation has so brilliant a lot. There is no German Shakespeare, no French Milton. Even Italy, with her wealth of truly great poets, affords no rival names.

Some six authors and about twenty octavo volumes are here

set down for your careful study in the midst of continucd professional reading and work. If time and means allow, you will doubtless supplement these magnificent works with parrallel reading of other authors, such as Burns, Poe and Lanier, among other poets.

Having thus provided for some improvement in literary culture while working one's way into successful practice, let us next note a department of knowledge even more important to the physician, because it is connected with his obligations as a citizen. In the advanced years of a college course history and political science occupy much time, and with great profit to the pupil. Indeed, these studies may be considered the cream of the whole curriculum. How may the young practitioner of medicine supply so great a want?

He can best do so by the systematic study of the voluminous writings left by the fathers of the Republic. By far the best political and historical library for an American citizen who wishes to ununderstand his own government is the one made up of the complete writings of Washington, Franklin, Hamilton, Jefferson, the elder Adams, and the Madison Papers, in all some forty stout octavo volumes. These great books give a complete insight into the origin and formation of the American institutions which in many remarkable respects differ from any hitherto known. At the same time they contain vast stores of information upon all the points which puzzle statesmen, and are capital exercises in style and composition. The more these books are diligently studied, the more thoroughly do we become imbued with admiration and respect for their authors, and with astonishment at the success attending their efforts in bringing the country through a long war for independence, and in forming a strong and stable government out of most diverse and incoherent elements.

We are the only people who can go back authentically to the first conception and completion of a mighty government. All other beginnings are enveloped in mists and myths. It is impossible to find language strong enough for expressing the value of this fact to the American people. Every county throughout this wide extended republic in a public library should maintain complete sets of these invaluable books, so that all could have free access to their pages. An astonishing oversight by the

American people is their general ignorance in this behalf. Hence the advantage that will accrue to any one who cultivates these original authorities. In depth of knowledge, in breadth of liberality, in freedom from party slavery, and in devotion to duty as a citizen of the foremost world-power he will far outrank his fellow-citizen and easily become a leader.

Having thus briefly outlined a course of reading and study which in two, and those the most important branches, may remedy bitterly lamented deficiencies in early education, it may be objected that too much is required of the young practitioner. By no means, if only time is not wasted and system is used. Let system, labor and perseverance be your motto and, success is assured.

These two great studies, literature and political science, should be pursued at the same time, just as are studies at the academy or college, and upon a regular course carefully marked out and followed. They are most delightful in their character and furnish fit relief from the monotonous routine of science. The course as above outlined may be finished in the first five or six years of office life, if only time is husbanded as it was by Samuel D. Gross, or as it is now by Stephen Smith. Such men never lose an hour. They are busy with professional work, or else reading diligently, not only medicine and surgery, but also literature and philosophy; or else writing articles for the journals and text-books, which bring their names familiarly to the profession, in Europe no less than in America. Similar industry will enable any young doctor to complete such a schedule of study as will fill many gaps in his early education. It will fill many hours with happy work. It will increase the respect and esteem of all his neighbors. It will enable him to obtain and hold a large clientage of patients, which in his last three decades will repay him many fold for self-denial in avoiding idle and useless company. For it should never be forgotten that the richest harvests in the medical profession are reaped at a time of life when in other callings men are shelved. Hence it pays well to lay a foundation broad and deep in the earlier years of professional life, in general no less than in special culture.

The program above given is not intended to be arbitrarily followed. It may be modified as each individual sees proper.

Our aim is to furnish an antidote to the materialistic tendency not of medical studies specially, but of modern science in general. Man is an animal, but he is also far more. He has a soul, and mind, superior to and must control matter. The prevalent biologic idea of the conflict for existence and the survival of the fittest, an everlasting merciless warfare of races and classes, is giving way to a more philosophical and hopeful basis of social economics, known as the psychologic; which likewise readily harmonises with the ethics of Christianity.†

Gentlemen, beyond question you live in an epoch of the world's history, for variety of interest, never exceeded. The generation now passing off the stage of life has witnessed wonderful events, both in the application of the physical forces to the daily use of man, and in historic changes of greatest note. Your own country, hardly recognized in Europe half a century back as belonging to the family of nations, is now known as the foremost power in the world. Germany, which then had a mere geographical name, is the leading nation and empire in Europe. Italy, then composed of subject provinces, is now realizing the dreams and hopes cherished through fourteen centuries of misery. Great wars, grand discoveries have taken place in our time. As in the Columbian epoch thinking men congratulated their good fortune when looking out upon a world teeming with progress intellectual and material, so may we of the latter half of the nineteenth century do likewise.

Your outlook will probably be different. More likely will you see times analogous to the storms and tempests of the Reformation period. It matters not in what direction we look. Everywhere in Europe and America unrest prevails and at the same time intense mental activity. All the great questions underlying religion, morals and government are discussed and decided by the masses. Everybody must think. Every brave man must work out settled principles so as to act intelligently. Be you then fully equipped. Acquit yourselves like men. Be assured that humanity—not bestial man—will build up a splendid

†See a remarkable work entitled "Dynamic Sociology." By Lester F. Ward, of the Smithsonian Institution. Published by D. Appleton & Co., New York. 2 vols.

future and become the brilliant apex of an arch, Christianity and Science being the right and left corner-stones, harmoniously upholding the glorious fabric.

Correspondence

THE COLLEGE ASSOCIATION.

CHICAGO, Feb. 9th, 1893.

Deering J. Roberts, M.D., Nashville, Tenn.:

Dear sir:—I have just read the editorial in the last number of the *Southern Practitioner* in relation to Southern Medical Colleges, and note particularly that portion wherein there is an endeavor to fix the responsibility of something said by the *Jour. Am. Med. Ass'n.* (latter part of second paragraph on page 78).

If I read between the lines correctly you slanderously accuse John H. Hollister, M.D., of writing the article you take objection to, and in an exceedingly undignified manner refer to as noble a gentleman as ever graced the profession of medicine.

I can positively say that Dr. Hollister has had no editorial connection whatsoever with the *Jour. of the Am. Med. Ass'n.* since he retired from the position of Supervising Editor, about one and a half years ago, and furthermore I wish you to distinctly understand that Dr. Hollister is not morally competent of writing anything of a scurrilous character. He is far above such—and I know full-well whereof I speak. Indeed, you are refered to the above-named journal while under the care of Dr. Hollister, for substantiation of what I say.

It now appears to me, sir, that an apology is due for this ungracious attack—an apology which will have as wide a circulation as the charge you made, though even then the injustice you have done will not have been atoned.

I remain, sir, yours, etc.

GEO. HENRY CLEVELAND.

[The above was received February 11th, and acknowledged by a brief note stating "it would have such editorial notice in

umber as its merits in my opinion seemed to demand."
lister's name has not appeared in the pages of this
til this issue, for more than a year past. Possibly he
e the article. Possibly he did not dictate it. I know
s do others that he has had no *editorial* connection
ournal of the Am. Med. Association for one and a half
but that the foul aspersion of Southern medical men
rial columns of the Association journal of December
nd its more stinking successor of January 21st, were
ne and the same man; yes, we know full well—the ear-
too plain—and he is one of Chicago's doctors. If
er chooses to put on the cap which his satellite has
to force on his head with fitting grace, I have noth-
—no apology to make and nothing to atone for.
a species of tortoise, occasionaly found in the woods
ee and adjoining States, known to all the boys as a
l terrapin"—not the toothsome morsel so well known
ts. A simple, harmless, apparently useless, and timid
atous testudo; so timid that, at the slightest noise,
friend or foe, he instantly withdraws himself into his
is apparently out of sight. But all the boys here-
w full well that, if you put a coal of fire on his back,
ggle, and squirm, and bring into full view his head,
s, and even his tail. *Verbum Sap.*

DEERING J. ROBERTS, M.D.,
Editor and Proprietor Southern Practitioner.]

V TO REGULATE MEDICAL EDUCATION, &C.

tor of The Southern Practitioner:

uld be a good time for our Legislature, as they are
many abuses and doing away with unjust laws, to re-
w on our statutes regulating the practice of medicine—
it the whole thing and turn medicine over to medical

w stands, the practice of medicine has become a great
A poor man cannot go through the course of study

required to entitle him to the degree of M.D., consequently we are deprived of the very best material we have to make good doctors out of.

When we had no such law as the one to regulate the practice of medicine, our profession stood as high, and they were a stronger set of men than we have to-day. Medical etiquette was more strictly observed. No one paid any attention to quacks or to quack medicines. That was all left to the good people. It is the people's inalienable right to do as they please in these matters.

J. W. DAVIS, M.D.

Smyrna, Tenn.

[In this connection we desire to refer our readers to the magnificent address, in this issue, delivered to the graduating classes of the Medical and Dental Departments of the University of Tennessee, by one of the best teachers of medical chemistry, and one of the ablest students of State medicine, in the United States, one who has been nearly a half century engaged in teaching medical students and medical men.—*Ed. S. P.*]

THE PAN-AMERICAN MEDICAL CONGRESS.

Meeting Washington, September 5, 6, 7, 8, *A.D.*, 1893.

SECTION ON DISEASES OF THE MIND AND NERVOUS SYSTEM.

To the Editor of The Southern Practitioner:

Every effort is being made to make the meetings of the Section on diseases of the Mind and Nervous System both scientifically profitable and socially pleasant. Papers of distinguished merit from Neurological students and physicians eminent in Psychiatry, have been promised.

Every physician on this continent of America, North or South, is hereby cordially solicited and welcomed to join in the meetings of this important section of the approaching Pan-American Medical Congress; and it is hoped by unity of effort and cordial co-operation to make the Section of Mental Diseases second to none in the Congress in fruitful results to Pan-American Psychiatry.

me together from all the Americas and make the ocation one long to be remembered for its scientific nefits to all.

Fraternally,

C. H. HUGHES, M.D.,

President Section on Diseases of the Mind and tem.

A. B. RICHARDSON, M.D.,
English Speaking Secretary, Columbus, O.

R. M. G. ECHEVERRIA, M. D.,
Spanish Speaking Secretary, Key West, Fla.

N ELECTRO-THERAPEUTIC ASSOCIATION.

CHICAGO, JANUARY 19, 1893.

he Southern Practitioner:

—At the second Annual Meeting of the American- apeutic Association, the following officers were elected wing year:

, Dr. Augustin H. Goelet, 331 West 67th Street, First Vice-President, Dr. Wm. F. Hutchinson, R. I.; Second Vice-President, Dr. J. W. Herdman, r, Mich.; Secretary, Dr. Margaret A. Cleaves, 68 venue, New York; Treasurer, R. J. Nunn, 119 t, Savannah, Ga.

d Annual Meeting will be held in Chicago on Sept. 14, 1893. A cordial invitation is extended to all the profession interested in electro-therapeutics. nents for special rates on railways and at hotels are

mittee of Arrangements will be obliged if those who g present at the meeting will send their names, the nount of accommodation required, titles of papers to d, applications for membership, etc., at as early a sible. Accommodations should be secured early on the crowded condition of the hotels, because of the air. All communications should be addressed to the

The committee will be glad to furnish any information in regard to the meeting upon application.

The Committee of Arrangements,

S. C. STANTON, Secretary.

FRANKLIN H. MARTIN, Chairman.

To the Editor of The Southern Practitioner:

THE SECTION ON LARYNGOLOGY AND RHINOLOGY OF THE PAN-AMERICAN MEDICAL CONGRESS is now thorougly organized with secretaries in all the countries of South America as well as in the United States and Canada.

The President Dr. E. Fletcher Ingals, of Chicago, is making a thorough canvass to secure a large number of good papers for the section, and aided as he will be by the able Secretaries Drs. Murray and y Alonso, and the corps of honorary presidents he feels assured of the success of this department of the congress.

All physicians interested in this section are requested to correspond with the secretaries for the United States.

DR. T. MORRIS MURRAY,
(English Speaking,) Washington, D. C.
DR. J. MARON y ALONSO,
(Spanish Speaking,) Las Vegas, N. M.

Selections.

CARDIAC TONICS.—At a late meeting of the British Medical Association, an interresting debate was held respecting the action of the cardiac tonics, digitalis, strophanthus, convallaria, caffein and spartein; digitalis being taken as representative of the class. Dr. Broadbent said (in substance) the physiological action of this drug is a direct stimulation of the muscular fibres of all the cardiac-vascular system, improving the contractility of the heart, arterioles and capilliaries, independently of any intermediate nervous influence. The therapeutic value of this

rty is evident when the transit of blood through the heart ıpered by disease. The ventricles, by their improved con- ɔn, help to fill the arterial side of the circulatory system; nproved suction power during diastole helps to empty the and relieve the venous plexuses and abdominal organs. ystole is also improved, and the heart invigorated by the :al rest it obtains through the prolongation of the diastole. nproved contraction of the arterioles and capillaries hastens lood-current, assisting the propulsive force of the heart, than could be done by flaccid dilated vessels, and favor- ıe absorption of effused fluids. In mitral regurgitation lis is always of great service. The returning blood dilates ft auricle, and drives the flowing current back again. This ıction causes resistance to the flow through the capillaries, o overcome this, the right ventricle has to work with in- :d vigor, causing hypertrophy. Again, distention of the entricle, by the high pressure of the left auricle and pul- ry veins, causes dilatation, thus in the mitral regurgitation ompensation has to be supplied by the right ventricle; and his portion of the heart which is amenable to the action of lis, for this drug always neutralizes the effects of regurgita- unless the right ventricle is seriously disabled by disease. itral stenosis digitalis may do harm, for the vessels are ly too much contracted and the remedy would increase the Sometimes it does a little good at first by contracting the ventricle, but it disorders the heart beats, and its power ɣil counterbalances the good. In aortic regurgitation the is either defectively propelled into the arteries, or there is ıctive backworking through the lungs and right heart, ıs obstruction and dropsy. In aortic stenosis, when there :k pressure in the pulmonic and venous circulation, through ıtion of the left ventricle, digitalis is serviceable, but when isease is due to a limited supply of arterial blood, through ıction, it does harm. In dilatation of the heart digitalis ɡood when the walls of the venticles are in fair condition, therwise. Blue mass and calomel are here more appropri- ɔy unloading the liver, relieving the right heart and lower- he arterial tension. In adherent pericardium—a not in- ent result of mitral disease—the right ventricle is impeded

from lending assistance to the left, symptoms may become prematurely developed, often causing sudden death. Cardiac tonics are here of little use. Digitalis is very beneficial in the weak heart of typhoid fever and pneumonia, but in Graves' disease, tachycardia, and some forms of palpitation and irregular pulse due to reflex disturbances, it is useless. Strophanthus is preferable to digitalis only when the arterioles need no stimulation. Citrate of caffein increases the solids of the urine. It is often a useful adjuvant to digitalis. The same may be said of spartein. Convallaria is valuable in nervous palpitation.—*Times and Register.*

INFORMATION WANTED—WHAT IS THE CONDUCT OF THE MEDICAL GENTLEMAN?—In the Code of Ethics of the American Medical Association, it is generally said that "no code is necessary other than that every doctor should be an honorable gentleman." For one, we would like a bill of particulars as to this "honorable gentleman." How does he perform his professional work? Who are his professional associates? What has been his training, general and professional? How does he behave during consultation with his brethren? How does he conduct himself in the community in which he resides? These and many other points we would like to know.

Our reasons for making these queries is that different individuals have very different ideas as to what constitutes a medical gentleman. There is no vice, no ignorance, no boorishness, no injustice, that has not, at one time or another, by some person or persons in and out of the medical profession, been ascribed as a qualification of the "medical gentleman." In the Army the medical gentleman is well defined, and a transgression of any of the particulars of the definition is met with speedy punishment.

The Code of Ethics of the American Medical Association was intended to give the characteristics of a "medical gentleman." It is claimed that this description has become obsolete. Granted; but will the persons desiring its abolition kindly give us their own definition of a medical gentleman? Understand, we call for a scientific description of this person, so that he can be recognized on the streets of New York or among the Indians of

the Rocky Mountains, in the wretched hovel and in the palace, among his equals and his inferiors, with the ignorant or the learned, among his fellow practitioners, in the Medical Society, at the bedside, in the social circle, alone with a patient who is caluminating some of his fellow practitioners. We want to know what course he will take in all matters pertaining to the interest of the community in which he lives. We desire to know how this gentlemanly doctor will treat rumors against brother practitioners in general, or the profession as a whole. Give us a clean-cut discription that shall enable any person to pick him out at all times, in all places, under all circumstances, and then we shall have something to consider.

At present it is the veriest rot and unscientific nonsense to talk of the "gentleman doctor," because he is a simple myth, conerning which there is no general agreement or understanding by the individual members of the profession. The only attempt to define him in this country has been by the Code of Ethics. We submit that those who desire this code abolished should give us something better in its place. If the profession is to act in unison at all, it must agree upon some general principles of action in each of its several relations. If the old principles are obsolete, by all means let us have the new ones, and let us have them quick, so that we may be able to settle the lines of future association and work.

The medical profession should be an organized army for the conquering of disease of all sorts. As an army it must have unity of action, with individual liberty so far as possible in the promotion of the general object of the warfare. The Code of Ethics stated these things; and since a change is called for, it becomes those calling for the change to present the changes they desire in specific detail. Those willing to contribute to the solution of existing complications will kindly send their definitions of a "medical gentleman" to Dr. H. D. Holton, of Brattleboro, Vt., Chairman of the Revision Committee.—*The American Lancet.*

[The above words need no comment at our hands. We cannot improve on the *Lord's Prayer* or *The Decalogue*. So mote it be.—*Ed. So. Pract.*]

CASE OF PUERPERAL SEPTICÆMIA.—We report this case on account of its great severity and the desperate extremity to which the patient was reduced.

Mrs. M., primipara, aged 22, had an abortion, June 10th, 1892, with the delivery, after a labor of fifteen hours, of twins, five months, feet presentation, one fœtus swollen and partially decomposed, the other in fair state. There was great difficulty in extracting the head of the one delivered last, which was grasped by the neck of the uterus, and force was required to slowly dilate the contracted os; this, doubtless, was the source of the subsequent difficulty. The placenta came away spontaneously, there was no hæmorrhage, the lochia were very scanty. Notwithstanding the abscence of symptoms of uneasiness, for days the vagina was injected, bis die, with bichloride solution, 1 to 4,000, and carbolic acid solution, ʒ j, to a pint of hot water.

On the morning of the 15th, in the midst of apparent calm, without known cause or imprudence, patient had an extremely violent chill of long duration, followed by a burning fever, great distress, face purple, vagina excessively hot and dry, lochia suppressed, with severe vomiting and purging; temperature not recorded.

The several measures adopted were as follows: Use of ice and cold sponging of head, hands and arms, an hypodermic of morphia, gr. ¼, and atropia, gr. 1-100, with the following as an ideal prescription for such a condition:

℞ Morphia..... gr. ii.
Ess. peppermint..... ʒ ii.
Sp. turpentine..... ʒ ii.
Oil of eculyptus..... m xx.
Chlorate of potash..... ʒ i.
Quinine..... gr. xx.
Alcohol,..... ℥ i.
Gum water, to..... ʒ iv.

M. S.—Dessert spoonful every two hours. Hot carbolized water, with a solution of Marchand's peroxide of hydrogen, four tablespoonsful to every pint of water, used alternately, were injected into the womb t.i d., through a female catheter attached to the nozzle of a Davidson syringe.

She suffered greatly from distension, which was relieved by

poultices made with fresh mint, steeped in boiling whiskey, with soda and mint internally; also repeated applications of hot turpentine stupes.

In forty-eight hours the temperature was reduced to 100°, pulse 100; but there was an extremely severe herpetic eruption (fever blister) surrounding the mouth and lips, the mouth being so inflamed that she could swallow with difficulty. This was relieved by an application of lead cerate, ʒ ss., aristol, gr. x., subnitrate bismuth, ʒ ss., which proved extremely soothing and curative.

On the 19th, being materially better, the mixture was discontinued and quinine, gr. vi, t.i.d., and hot carbolized water and milk and hot water vaginal injections were employed. She took milk punch and brandy and water throughout the course of her illness, and 1.30 of a grain of strychnia at night for two or three nights.

Her temperature varied after the initial attack from 103° to 100°, never over 103°. That a dangerous fever, following a chill of great severity, should be reduced by the treatment—the antiseptic irrigations, milk injections, cold applications, etc.—as described, is very satisfactory; but it will be remarked here that mere temperature is not an indication of the severity or danger to life of a disease, for simultaneously with this case a Mrs. B., recovering from an attack of acute dysentery, for two days had a continuous temperature of 104°, which descended to 99°, and left her only a little weak.

Attendance was discontinued on the 20th, temperature 98¾, having used the vaginal irrigations continuously, with quinine; found phenacetine, gr. v, very serviceable at night to lessen temperature and promote sleep. Ice was craved and swallowed throughout on account of the general erethism of the mucus surfaces, as indicated by the eruption of the lips and mouth, referred to above, and she could take nothing unless it was preceded by bits of ice.

A few words with regard to the formula above mentioned:

After using it for some hours—its effects being extremely soothing and agreeable—it then became a question of great moment whether the morphia might not prove injurious by masking symptoms of pain, etc.; and on account of the doubt,

the following fever mixture, containing aconite, was substituted:

℞. Bromide of potash..... ʒ iss.
Tinct. of aconite.....gtt. l.
Spiritus mindererus ..... ʒ i.
Chlorate of potash..... ʒ iss.
Ess. peppermint..... ʒ i.
Chloral..... ʒ i.
Camphor water, ad..... ʒ iv.

S. Dessert-spoonful every two hours in a little water.

Professor T. G. Thomas, of New York, whose opinion was obtained, without pronouncing upon the relative claim of the morphia and aconite, replied that he thought the ideal mixture was admirable, but not to omit "to pursue the baccillus in its lair." It will be noticed that there had been no neglect in this particular.—*F. Peyre Porcher, of M.D., Charleston, S. C. in N. C. Med. Jour.*

THE INTRA-UTERINE USE OF IODINE AND IODOFORM.—The tincture of iodine and the iodized phenol both coagulate the albuminoid fluids on the surface of the mucosoa, and in so doing cauterize this surface and form an eschar. Thus, as with other caustics, some diseased tissue is destroyed. The iodine, before absorption, unites with the albumin of the secretions and thus usefully exerts a "starving" influence on the morbidly developed tissues of uterine catarrh and granulating ulcerations.

This characteristic effect of iodine should be more distinctly obtained from iodoform than from tincture of iodine. Iodoform contains ninety-six per cent of iodine, yet it is not caustic, only denutritive and antiseptic. The other iodine preparations are caustic, that is, they coagulate secretions and destroy the superficial layers of tissue, producing an irritation in the vicinity of the point of application and causing an active dilatation of blood vessels with its consequences.

The indications for choice between the two remedies may therefore thus be formulated. When it is desired to obtain the remote effect on the parenchymatous circulation of the uterus which results from cauterization of the endometrium, iodine tincture or iodized phenol is required. When a superficial

action only is required on abraded hyperemic surfaces, or on ulcers with papillary granulations, iodoform is preferable. Iodine is indicated for the uterine cavity and infrequently, iodoform for cervicsl catarrhs and ulceration of the portio vaginalis and may be employed frequently.—*Dr. Mary P. Jacobi in Amer. Journal of Obstetrics.*

PEROXIDE OF HYDROGEN.—My attention has been called to an article read before the American Pediatric Society, of Boston, May 4, 1892, by Professor A. Jacobi, M.D., and published in the December number of the *Archives of Pediatrics.* This article is entitled: "Note on Peroxide of Hydrogen," and purports to be a "warning."

The learned writer endeavors to convey the impression that peroxide of hydrogen (medicinal) is a "nostrum," and that the manufacturer of this article is to be classed among "quacks and patent medicine vendors."

Dr. Jacobi mentions several cases of diphtheria, which having been apparently greatly relieved by the use of peroxide of hydrogen (medicinal), finally were cured under the use of lime water, as a spray and wash.

The inference drawn by the writer of the article in question is that the peroxide was an "irritant" and had been of more harm than good.

It is not my province as a chemist to enter into a medical discussion with the learned doctor, but I would like to ask if, in his opinion, a case of diphtheria can be treated successfully with lime water only, and whether in the cases he cites it is not possible that the peroxide treatment was an important element in the recovery of these patients. I would also inquire whether the intemperate and in some instances personal allusions to myself and the preparation which I manufacture are in all respects the outcome of professional investigation, and not the result of a desire to advertise himself by discrediting a remedy of which the therapeutic value has been proved by thousands of physicians who, though they may be "unsophisticated" from Dr. Jacobi's standpoint, are nevertheless known as eminent and honored professional men all over the world.

The drift of this article is seemingly an attempt to prove that peroxide of hydrogen (medicinal) is injurious.

In confutation of this, I append herewith, in as concise manner as possible, the experience of a few prominent physicians whose statements may be taken as conclusive in the sense that they are learned and talented professional men, the equals of the writer who challenges their experience after having undoubtedly read their opinions, for every word I quote here has been published, and forms a prominent part of the medical literature of the day.

In confirmation of my sincere belief that the claims made by me of the harmless character of my medicinal peroxide of hydrogen are true, I am willing to submit myself to a thorough test upon my own throat by spraying it with a 25 per cent. solution of Marchand's peroxide of hydrogen (medicinal) instead of a 5 per cent. solution, as alleged to have been used by the doctor, for the same continuous number of days mentioned by him; and if any ulceration appears, or if the repeated application of the remedy "does give rise to actual diphtheria," as he states may be possible, then I am willing to acknowledge that he is right. This test may be made at any time with the utmost publicity.

I make this proposition in good faith from a scientific standpoint, and will expect Dr. Jacobi to make the test in the same spirit or acknowledge that he does not desire to do so.—*Chas. Marchand in the Pharmaceutical Record of Feb.* 2, 1893.

Papoid in Diphtheria.—Dr. A. Parks, of Chicago, has had occasion to resort to papoid in several cases of diphtheria with most gratifying results. He first removes every trace of mucus, and then applies the papoid with a camel's hair pencil, two drams and a half to the ounce, to the inflamed and diseased surface. In membranous croup it has achieved wonderful results. If applied early and dilligently it will arrest inflammatory action, and stop the formation of the false membrane and morbid exudations, which prove fatal in the majority of cases. Even intubation has not, up to this time, vindicated the wisdom of its adoption in a large precentage of cases, unless resorted to very early in the attack.—*Med. Standard.*

A Case of Labial Chancre from a Cigar.*—Dr. W. S. Gottheil, in a letter to the *New York Medical Journal*, published on March 19, 1892, points out the danger of syphilis being communicated by cigars. He gives the history of two cases of secondary syphilis, one of whom was suffering from a chancre on the lip which she had acquired by drinking out of the cup used by the other, who had numerous mucous patches in the mouth. The girls were cigar finishers, and took the cigars from a machine, biting off the ends and using their saliva for finishing the tips. Neither of them would believe that the disease was contagious, and both continued to work as before, "because it took too long to use the knife and brush."

These are by no means isolated cases, and that the danger is not imaginary is shown by the following history:

J. W., aged forty-one, hotel clerk, presented himself at the Montreal General Hospital on May 27, 1892, complaining of a sore on the left side of his lower lip, which sore had been there for two months. The free edge of the lip showed an ulcerated surface about an inch in length by a quarter of an inch in breadth, and quite superficial. The lip was very much infiltrated about the ulcer, and was very hard to the touch, the swelling being about the size of a walnut. There was no rash over the body, and there were no mucous patches about the mouth. One small gland could be felt under the chin.

He was put upon mercurial treatment at once, and in about three months the ulcer had healed and all infiltration disappeared. About a month after commencing treatment a single pigmented spot, of about the size of a pea, appeared on the forehead, and disappeared about the same time as the ulcer.

The patient is a married man, but his wife is not at present in the city. He positively denies any venereal cause for the disease. He does not smoke a pipe, but does smoke cigars. A few weeks before the sore appeared on the lip some cigarmakers were living at the hotel where he was clerk. These men frequently gave him cigars, and he afterwards found out that two of the number were suffering from syphilis. This, coupled with the fact that the sore appeared on the side of the mouth on which

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*Read before the Montreal Clinical Society, October 22, 1892.

he habitually held the cigar, makes it most probable that he contracted the chancre—for such the sore undoubtedly was—from the cigarmakers through the medium of the cigar.—*R. C. Kirkpatrick, M.D., Asst. Surg. Montreal Gen'l. Hospital in N. Y. Med. Jour.*

THE QUESTION OF MATERNAL IMPRESSIONS.—Dr. Williams read a paper at the last meeting of the New York State Medical Association thus entitled. As usually considered, he said, the question of maternal impressions was: In what measure, if at all, could mental states of the mother operate to alter the potentialities that entered into a new being at the moment of conception? This question, however, involved two that were radically distinct, viz.: (1) To what extent could mental states of the mother affect the fœtus indirectly? and (2) to what extent could they affect it directly? The essential element was the existence of a direct mental transfer of energy from the mother to the fœtus. Modern biology had taught us to look upon every organism as a member of an endless series of organisms, all subject to a few universal laws. If this capacity of mental transfer existed at all, its operation could not be confined to any single race of beings. We must decide how far the alleged law of maternal impressions was in harmony with known biological laws. In the mother, the law of self-preservation yielded to the law of race preservation; all her instincts, habits, and capacities were made subservient to this. But, if the theory of maternal impressions was true, one capacity, an uncontrollable action of the mother's plastic mind, hung incessantly as a menace over the head of the new being. This view was not in accordance with the belief that each law must be in harmony with every other law throughout the universe. Why should the operation of this alleged law of maternal impressions be restricted to the child *in utero?* When the child was two years old it was still as dependent upon some other being for its nutrition as when it lay in the uterus, and it was probably the source of far greater maternal solicitude, so that the same maternal state should still be operative, though perhaps not to the same degree. This law of maternal impressions should be operative upon the new organism

during its entire period of development. As this theory was incompatible with other and wider laws, the author rejected it. He admitted, however, that these were simply theories, and that experience must bring the final verdict. In conclusion, he expressed the opinion that a truly demonstrative series of cases on this subject would be the most momentous single contribution to biology and psychology that had appeared since the dawning of the Darwinian epoch.—*N. Y. Med. Jour:*

Blood-letting.—Dr. R. Somerville says (*Edin Med. Jour.*) that, if moderate bleeding in the third stage of labor be useful in preventing the development of alarming symptoms, it cannot be doubted that when such symptoms are developed, as they are in other circumstances, and in a great variety of diseases, the prospect of relief by blood-letting is too good to be neglected. General blood-letting is not a cure for inflammation. In some few cases it may relieve grave and threatening symptoms, and gain time for a cure by Nature's own therapeutics. But experience seems to show that topical bleeding is not without use in many inflammations. General blood-letting is most valuable in many cases of over-distension of the right side of the heart, and in some cases of apopletic seizure. The routine treatment by blood-letting is needless and harmful. Abstraction of blood is to be practiced only in exceptional instances. In such the good it can do is great.

Treatment of Cystitis.—Dr. Otis, writing on this subject in the *Jour. Cutaneous and Genito-Urinary Diseases* for August, 1892, does not favor local treatment in the early stages of the disease, although he says that in some cases injection of a solution of silver nitrate into the prostatic urethra has produced a cessation of pain and of frequent urination. When the affection becomes subacute he recommends the injection of mild solutions of silver nitrate into the bladder, so as to fill it. In some cases he has used injections of bichloride of mercury solution with satisfactory results, and in the chronic cystitis of old men, especially when a good deal of mucus was present, injections of salicylic acid have been found to be very beneficial.—*Med. Record.*

ACUTE CORYZA.—Dr. Capitan recommends the following snuff to be used every hour for the relief of acute nasal catarrh:

℞. Salol.....ʒ ss.
Salicylic acid.....grs. vi.
Tannin.....grs, iij.
Boric acid.....ʒ ij.

The use of this powder should not be continued for more than a few hours, as it is apt to excite a slight eczematous eruption along the edges of the nostrils.

The following is another formula, less active, yet said to have given good results:

℞. Powdered talc.....ʒ j
Antipyrin.....grs. xv.
Boric acid.....ʒ ss.
Salicylic acid.....grs. iv.

This may be snuffed freely, as it causes no irritation of the alæ nasi as does the preceding.—*Jour. de Med. et Chir. Pract.*

TREATMENT OF ACUTE BRONCHITIS.—Simple cases usually recover (Dr. Canfield, *Therap. Gazette*) under the use of a good expectorant mixture, such as:

℞. Ammon. muriat.....ʒ ss.
Mist. glycyrrhiz, co.....ʒ iv. M.
Sig.—Dessertspoonful every three or four hours.

When the secretions are abundant, and not easily coughed up, a turpentine emulsion is excellent. For instance:

℞. Ol. terebinth.....ʒ ij to ʒ iij.
Muc. acaciæ.....q. s.
Aq. cinnamon.....ʒ i.
Aquæ, q. s. ad.....ʒ vj. M.
Sig.—Tablespoonful in water every four hours.

Sometimes the cough is of such an irritating character that expectorant measures avail little. Some narcotic must then be used. Codeine has not the disadvantages of morphine, and is efficient. A good combination is:

℞. Codeine sulphat.....grs. viij.
Syr. prun. virgin.....ʒ viij. M.
Sig.—Tablespoonful in water three or four times per day, and at bedtime if necessary.

THE STATISTICS OF ILLEGITIMATE BIRTHS in different nations of Europe recently published by Dr. Leffingwell, show that in sexual morality the Irish stand at the head, their percentage of illegitimate births being 26 per 1,000, while in England it is 48; in Scotland, 82; in France, 82; in Italy, 74; in Sweden, Saxony and Bavaria the list rises up to between 100 and 140, and in Austria, 140 per 1,000. The Russians are next to the Irish, being only 28 to the 1,000, and the Dutch 32 to tLe 1,000. It is difficult to determine the cause of the great difference of percentage. It cannot be religion, for Italy, Austria and Ireland are all Catholic, and Russia almost the same as Catholic. Possibly climate, to which so much has been attributed, after all may be a less factor in this matter than heredity, social usage and the marriage law.—*N. Y. Med. Times.*

THERAPHY OF TETANUS.—Albertoni (*Therapeutische Monatshifte*, Sept., 1892) has collected 176 cases of tetanus treated in various ways, with 139 recoveries; 78.9 per cent. recoveries, 21 per cent deaths, From these statistics he concludes, first that tetanus is not so fatal as is generally supposed. Second, that it recovers after various methods of treatment, and thérefore tends naturally to recovery. The division of tetanus into acute and chronic cases is ancient. Since Hippocrates it has been well understood that after a case had run a course of a week, the chances of recovery increased. The latest treatment is by the blood serum of animals which have been rendered immune to tetanus. They found that the serum of such animals had the power of causing immunity in mice. In a case of tetanus in man, reported by Finotti, he ascribed the recovery to the use of this antitoxin because no other medication had been used on the wound; this latter treatment has been considered almost specific by some writers. Chloral has given the greatest relative recovery, it is best given in large doses. Application of e to the spinal column is theoretically correct and has given good results.—*Univ. Med. Mag.*

Do not neglect to make your remittances for subscription to the SOUTHERN PRACTITIONER.

How to Tell Which From 'Tother.—The following interesting fact is given in the *Bact. World and Mod. Med.* In operating on the intestine it is often of importance to determine which end of the bowel looks towards the stomach. This can readily and quickly be determined by touching the peritoneal coat of the intestine in view with a crystal of sodium carbonate which causes contraction, and the movement is *towards* the stomach..—*Pacific Med. Journal.*

Baldness.—Whitla (*Therapeutic Review*) advises:

℞. Pilocarp. Hydrochlorate.....gr. v.
Otto of roses.....m viii.
Oil of rosemary.....ʒ iv.
Liniment of cantharides.....ʒ iv.
Glycerine.....ʒ i.
Oil of sweet almonds.....ʒ ii.
Spirits of champhor.....ʒ iii. M.

S.—To be well rubbed into the scalp night and morning.—*Times and Register.*

The Satellite now appears in cover of spring-like and verdant green, and has changed its name to the *Universal Medical Journal.* Its size now conforms to that of *Sajous' Annual.* Polyglot instructions to its foreign contributors are given in side blocks, and a three column page of therapeutic notes is added. Dr. Sajous is to be congratulated upon the appearance of the *Journal.—Chicago Clin. Record.*

Protection against Cholera.—In his annual message, just submitted to the Legislature, Governor Flower, of New York urges that body to make ample preparation against a possible invasion of cholera during the approaching spring and summer; stating that the scenes attending the steamship passengers at quarantine last September should not be allowed to occur again by reason of any lack of quarantine facilities. While not opposed to a national quarantine, the Governor expresses himself as opposed to one exclusively national.—*Boston Med. and Surg. Jour.*

IODINE PAINT IN SEVERE VOMITING OF PREGNANCY.—Dr. Armand Routh (*Br. Med. J.*) read a paper on this subject before the Harveian Society of London, April 16, 1891. The various modes of treatment were reviewed, and it was shown by several cases that painting the cervix and the end of its canal with iodine paint (equal parts of iodine, iodide of potassium, spirits of wine and water) had, in the author's hands, never once failed in the last seven years at once to stop the sickness, which might, however, begin to return from the fifth to the fifteenth day, when it was almost certainly permanently arrested by a second application. A prompt use of this remedy in cases threatening to become urgent would prevent the occurrence of the so-called uncontrollable or pernicious vomiting, which differs only in degree and not in kind, from the milder forms. Induction of abortion would still be required when the vomiting was due to the presence *in utero* of a foreign body, such as a dead fœtus, or a hydatid or fleshy mole, but might otherwise, by this proposed remedy, be avoided.—*N. Y. Med. Times.*

"ARE there too many doctors?" asks an exchange.

"No, there are not half enough; but there are too many men pretending to be doctors who are not."—*Texas Siftings.*

Dr. ROBERT BARTHOLOW, of Philadelphia, has regained his health and resumed his practice to the delight of many friends and admirers throughout this country.

Editorial.

EIGHTEENTH ANNUAL COMMENCEMENT OF THE MEDICAL AND DENTAL DEPARTMENTS OF THE UNIVERSITY OF TENNESSEE.

The annual commencement exercises of the Medical and Dental Departments of the University of Tennessee were held in Watkins Hall on the evening of February 23, the spacious hall being full to overflowing—many having been turned away, by

reason of no standing room—every seat being occupied by the elitè of Tennessee's capital, and the aisles packed and jammed by ladies and gentlemen who stood patiently until the exercises were over.

This institution, holding its own as its justly deserves, with its largest class, and biggest audience, sandwiched in the grand memorial of the "old brickmaker," given by him to Nashville and the citizens thereof, had a proud triumph on the night of February 23rd.

The class was the largest ever graduated from even this popular and worthy institution, and goes to show that the fame of the able faculty which conducts it has gone abroad and is attracting the attention of young men wishing to study medicine all over the country.

The exercises were opened by prayer by Rev. J. R. Winchester, after which Prof. W. P. Jones, M.D., President of the Faculty introduced Dr. F. J. H. Leland, of Michigan, who in choice language and eloquent voice delivered the salutatory address.

Dr. Leland upheld the wisdom of the selection of his class, a well-delivered oration, in which he paid glowing tributes to the school, faculty, and the class. He was loudly applauded.

The medical valedictory was delivered by Dr. P. R. Simmons, of Texas, who acquitted himself of the difficult task with honor. He delivered the farewell gracefully and indulged in eloquent metaphorical flights.

Prof. Jones then introduced Gen. W. H. Jackson, Acting President of the university, in Dr. Charles W. Dabney's abscence. Gen. Jackson was there to confer the degrees upon the graduates, and said that nothing gave him more pleasure than the act he was about to perform, and that the institution which they were leaving and the class before him were an honor to the city and the State. He said that the occasion was the first school commencement he had attended since he graduated at the military academy at West Point, and described his emotions when he heard the band playing "Home, Sweet Home" at the last dress parade at the latter place.

The "old war horse" gave the "boys" much timely and practical advice. Prof. Duncan Eve, A.M., M.D., the Dean of the

college then rose and called out the names of the graduates and they were handed their diplomas by Gen. Jackson as they passed in review on the stage. As each student's name was called his friends started the applause and each was gratified by a generous amount.

The names of the graduates are as follows:

McGinnis, Thomas J .....Illinois
McKenzie, Henry B.....Texas
McRee, Joe A.....Tennessee
McRee, John D.....Tennessee
Malcolm, Pleasant M.....Tennessee
Marrs, Samuel O .....Kentucky
Mayhall, Thomas L.....Mississippi
Mayhall, William J.....Kentucky
[3] Miller, Charles Jefferson.....Tennessee
Minor, Sid. H.....Tennessee
[6] Mitchell, H. Eugene.....Alabama
Mitchell, D. V.....Tennessee
Myers, Robert E.....Texas
Ogle, Joseph Howard.....Texas
Palmer, Parris A.....Tennessee
Peck, William Eason .....Mississippi
Pepper, Wade H.....South Carolina
Poplin, Richard Woosman.....Tennessee
Porter, William Wallace.....Tennessee
Raulston, George Mack.....Tennessee
Ray, Robert Lee.....Tennessee
Ray, Jacob Usry, Jr .....Alabama
Reagor, Leonidas Thornton.....Tennessee
Reynolds, John Morgan.....Texas
Richards, Andrew Franklin.....Tennessee
Richardson, Robert Lee.....Kentucky
Riddle, John F.....Missouri
Riggs, Allen M.....Tennessee
Roberts, Jas. M.....Texas
Roper, James Forrest .....Tennessee
Rousseau, James W.....Oregon
Ruble, Hiram Hunter.....Tennessee
[2] Sheddan, Leonidas L.....Tennessee
Stone, Thomas Jefferson.....Ohio
Simmons, Lawson Lee.....Tennessee
Simmons, John Washington.....Tennessee
Simmons, Philip Russell.....Texas
Smith, Joseph Brown .....Tennessee
Smith, Ulysses S. Grant.....Illinois
Stough, Thomas Jefferson.....Alabama
Strayhorn John M.....Texas
Stringer, W. Morton.....Alabama
Sturgee, S. I.....Texas
Sumner, W. I .....North Carolina
Thompson, Charles E.....Ohio
Thompson, Samuel Henry.....Texas
Turner, Thos. H.....Kentucky
VanHook, Riley C.....Tennessee
Walker, Thomas Dick.....Tennessee
Wallace, John M .....Arkansas
Whitlock, Thomas Wilfred.....Tennessee
Whitlow, Robert Lee.....Virginia
Whitson, David Vance.....Tennessee
Wilson, John B.....South Carolina
Wilson, Walter Davis.....Mississippi
Winn, John Thomas.....Georgia
Wyatt, Frank M.....Tennessee

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[1] Paul F. Eve Faculty Medal.
[2] Faculty Second Honor.
[3] Faculty Third Honor.
[4] Robert Russell Faculty Medal.
[5] Faculty Second Honor (Morrison Bros.)

Prof. Jones next introduced J. Berrien Lindsley, M.D., who delivered the faculty charge to the class, which we are gratified to place before our readers in the "original department" of this number of the SOUTHERN PRACTITIONER. That it will repay a careful perusal "goes without saying."

Prof William G. Brien, M.D., LL.D., then awarded the prizes in the beautiful and eloquent manner peculiar to him. He said that the young men before him not only had the honor of being graduates from an institution that had tried their capacity in every way; but that out of the largest class which had ever gone out of the college, they stood first.

The following were the recipients of the class honors:

Medical.—Paul F. Eve Faculty Medal, W. D. Haggard, Jr., Tennessee.

Faculty Second Honor, L. L. Sheddan, Tennessee.

Faculty Third Honor, C. J. Miller, Tennessee.

Dental.—Robert Russell Faculty Medal, J. B. McCormick, Florida.

Faculty Second Honor (Morrison Bros.,) D. V. Mitchell, Tennessee.

The first honors and the Paul F. Eve faculty medal of the medical department was won by W. D. Haggard, Jr., of this city. Dr. Haggard is one of the youngest members of the class, and has only recently attained his majority; but his record is one of the most brilliant ever made in the college, and he stands on his medical career with the knowledge that he has taken advantage of everything the college could give, and the hearty good will of his class, among whom he was more than popular.

The second honors medal of the medical department was won by L. L. Sheddan, of Tennessee, and the third by C. J. Miller, of Tennessee. The first honors and the Robert Russell Faculty medal was won by J. B. McCormick, of Florida. The second honors and the Morrison Bros'. medal was won by D. V. Mitchell, of Tennessee. Each of the young honores was was loudly applauded when the medals were presented. The event was closed with a benediction.

And thus was another corps of earnest workers in behalf of their fellow-men started out on their career.

SPRING COURSE OF INSTRUCTION, MEDICAL DEPARTMENT UNIVERSITY OF TENNESSEE: NASHVILLE MEDICAL COLLEGE.

To meet the demands of many students, either desiring to commence the study of medicine, to pursue the same for a longer period than the regular session, or even to take the place of the ordinary "office reading," the Faculty of the Medical Department of the University of Tennessee—Nashville Medical College—propose a Supplementary or Spring Course of Instruction, which will begin March 1st, and continue until May 6th next.

The course will be made thoroughly practical in all respects.

Upon the fundamental branches of Anatomy, Physiology, Chemistry, and Materia Medica, recitations and demonstrations will be given by Instructors recently appointed; while, as will be noticed, nearly all the members of the regular Faculty will give Clinical and Special Lectures.

Fees.—The fees for the Course will be $25; Dissecting (optional), $5; Laboratory (optional), $10.

The above fees (including dissecting and laboratory work) will be deducted from the next regular session's fees.

For further information, address DUNCAN EVE, M.D., Dean, Nashville, Tenn.

[And thus do the medical colleges of the South meet the demands for higher education of their medical men.—*Ed. S. P.*]

SHALL WE HAVE CHOLERA WITH US THIS YEAR?

The leading secular papers, from recent advices from Hamburg and other trans-Atlantic seaports and cities are apprehensive that this question will be answered in the affirmative as "time puts his sickle in among the days." We desire to reiterate the assertion made in our September, 1892 number, "that if *everyone* will do his whole duty it will not come."

Our national congress is now engaged in the consideration of "quarantine measures." It is to be hoped that our law-makers will rise to the dignity and importance of the occasion, and give

this question a careful, non-partisan, statesman-like consideration. If they cannot do the *very best* thing, let them for the sake of their own wives and children, and themselves, yes, do the best they can. Let them meet a question of so direful import, so tragical a tendency, fraught with so much possible disaster, so much sorrow and so much financial loss, with the calm, impartial and logical consideration of true statesmen—far above party, far beyond selfish ends or aggrandizement, and prepare the ways and means to prevent the ingress of so direful a foe. Then let each and all, yes every one do his whole duty. State, county, urban and individual sanitation should be well in hand during the current year.

Our own suggestion would be for National sanitation, as we have time and again argued, for the President's Cabinet to be enlarged by the addition thereto of a Cabinet officer of Public Health, appointed by the Chief Executive and affirmed by the United States Senate. Then at the very first approach of the grim monster, the President duly advised, could if necessary, declare *martial law* over a district, section or locality threatened by invasion, summon all the available and needed forces of the United States Army, the Navy, the Marine Service, and if so deemed proper, call upon any or all of the states for *volunteers* to meet one of the most insidious and dangerous foes known to mankind—a foe that never respected states rights or party lines. What is needed is concentrated and concerted action.

UNIVERSITY OF THE SOUTH.

Dr. J. S. Cain, Professor of Theory and Practice of Medicine in the Medical Department of the University of Tennessee, has also been elected Dean of the Medical Faculty of the University of the South, holding also the chair of Theory and Practice of Medicine. The Medical Department of the University of Tennessee closed its session February 23, and the medical school at Sewanee opens about March 1. Although the Medical Department in Sewanee is only about to open its second year, 150 students have already bespoken quarters.

We congratulate this promising young candidate in the grand

array of southern medical colleges on its early and well merited success. With a most delighttul climate, a most healthy and invigorating atmosphere, and a faculty so well equipped for medical teaching such success was inevitable.

AN INSULT TO SOUTHERN COLLEGES.—We are astounded by the appearance in the *Journal of the American Medical Association* of an editorial manifestly unjust, and outrageously insulting to the Southern Medical College Association, recently organized at Louisville. There is no justification for such an attack coming from any medical journal against the said Association; least of all from the official organ of the American Medical Association. Has any part of the medical profession of the United States been as loyal to the American Medical Association as that part situated in the Southern States. The answer is emphatically, No! This particular editorial emphasizes the necessity on the part of the Board of Trustees passing stringent resolutions limiting the editorial expressions in the official organ of the Association to only scientific matter. In the past it is well known that the Association has been utilized by medical college interests in Chicago. The rule should be made rigid, absolutely excluding the personal opinion of any man or set of men within the editorial columns of the *Journal*.

[We clip the above from the January number of our bright, breezy and highly-esteemed contemporary, *The St. Louis Medical Mirror*. Look out, Brother Love. You may be called upon to apologize or atone.—*Ed. S. P.*]

"*The Southern Practitioner* says the Southern medical colleges want to be let alone. They are not alone in this desire to be permitted to do as they please. Lots of institutions and individuals all over the world are crying for the same thing. The peculiar feature of these parties is that they do not let others alone.—*American Lancet*.

Oh! no, Brother Conner, they have been breaking into the revenues of the Northern medical colleges in recent years—hence a "tempest in a tea-pot." Yes, yes, indeed! "*Noli me tangere*."

MOST HIGHLY APPRECIATED.—We are gratified to reproduce the following extract from an able, terse, pointed and logical editorial article in the February number of our handsome neighbor, the time-honored and venerable *Nashville Journal of Medicine and Surgery*. We doff our chapeau and tender our most sincere thanks. The article was headed: "*An Instance Where Seeing Is Not Believing*," and has reference to the scurrilous attacks on the Southern Medical College Association, appearing in the editorial columns of *The Journal of the American Medical Association*.

The extract is as follows:

"This second paper was written in answer to the able defence of the Southern colleges the first censorious attack evoked from the editor of *The Southern Practitioner*, who, in the last issue of his publication, reviews the anonymous personator of the *Association Journal* editor (who we are assured did not write the paper in question), in a manner worthy of the lamented Bowling."

CONFOUND THE PRINTERS!—The *Journal* received a *be-a-u-tiful* note from its esteemed friend and colleague, Wile, of the *N. E. Med. Monthly*, written in his well-known clear, round chirography, and it being very important to the profession, gave it as "copy" to the printers; and just look what they made of it! It is too provoking! Anybody who has ever seen the doctor's handwriting can read it at a glance (but they don't know what he means):

DANBURY, Conn., De. 24, 1892.

Lim Saul:

Ipe eel exûbub nite sissi ble⌒⌣ T z G. Monelz—Cohm *lu lu* che tree ale etc cobin 2. Of eye re—ie lb nomll os enfils *oo* I clo gr. duel! Cfu *nuece* c bun lun sleet buncome z alce I t & m vin figlly ohu iley foree grs. Io Tx– tonio r Ni 8 st coe PraeH. rocle. W⌣⌣

—*Daniel's Texas Med. Journal.*

[On one occasion we heard a very distinguished lawyer, who holds a prominent place as a teacher of medical jurisprudence in one of the leading medical schools of the South say: "Good lawyers all write a good hand as should good doctors. Yes, they

should so write that in the event of a controversy their writing could be easily read in behalf of either side. At first glance Brother Daniel, I thought that Brother Wile had been taking some lessons from a legal friend. But, ah! The date—"Dec. 24th." That accounts for the milk in the cocoa-nut.]—*Ed. S. P.*

URETHRAL AND VESICAL IRRITATION AND INFLAMMATION. —I am pleased to add my name to the list of practitioners who endorse and recommend Sanmetto. I have never been disappointed by its failure to act beneficially in all cases of urethral and vesical irritation and inflammations, where it was employed. I shall continue to use and recommend it in my practice, knowing I can depend on its giving desired results.

Cincinnati, O. WM. H. ROTHERT, M.D.

ALBEMARLE CHEMICAL CO.—Dear Sirs: I tried the samples of Therapine left by Dr. Latham, and have prescribed it a number of times and derived satisfactory results. I received speedy results in one case of intercostal Neuralgia, where other remedies acted slowly. Yours respectfully,

W. H. CONRAD, M.D.

I DESIRE to add my testimony to the efficacy of Cactina Pillets in heart disease of various forms. I have under treatment a case of essential paroxysmal tachycardia, result of excessive tobacco chewing, in which the only remedy that gives relief is Cactina Pillets. I have used them with signal success in the various forms of functional and organic disease.

JOHN A. ROBINSON, A.M., M.D.,

Professor General Medicine, Post-Graduate School; Adjunct Professor Practice Medicine, Rush Medical College; Attending Physician Presbyterian Hospital; Spec. Throat, Nose and Chest. Chicago, Ill.

DR. A. RUPIN says: I have used your Elixir in three cases of chronic ailments for which your "Three Chlorides" is recom-

mended as an alterative, one of which was an aggravating skin affection superinduced by chronic syphilis. The results obtained were very satisfactory. I shall in future prescribe Three Chlorides, R. & H., whenever an alterative and tonic preparation is indicated by the symptoms to be necessary.

Topeka, Kan., March 17, 1892.

ACUTE MUSCULAR GOUT.—Mr. A. B. complained of severe pain in the thigh, extending down into the popliteal space. The pain involved the sartorius and the adductor muscles of the thigh. As he had gouty inflammation of the joints, I diagnosed his case as "muscular gout" and prescribed Henry's Trio-Iodides. Cured in a few days.

VIN MARINA is a "diffusible stimulant and tonic in anæmia, nervous depression, sequelæ of child-birth, lymphatism, tardy convalescence, general "malaise," and after wasting fevers. It is the only tonic stimulant without any unpleasant reaction, and may be given indefinitely, never causing constipation."

ASTHMA.—The addition of five grains of Iodide of Potash to one drachm of Neurosine will effect surprising results in Asthma, and often cure permanently if persevered with for a sufficiently long period.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

SEDALIA, Mo., April 29, 1885.

I have used Hoff's Malt, Tarrants, as a drink and food in typhoid fever and other diseases of that type, and have found it superior to all other preparations of malt or of anything else. I would not be without it. WILLIS D. KING, M.D.,

(Now of Kansas City, Mo.)

G USED McArthur's chemically pure Syrup of the Hy-
ites of Lime and Soda for some time in my practice, it
e pleasure to recommend it to my patients who are suf-
m incipient phthisis, chronic bronchitis and other pulmo-
ctions In all wasting diseases I think it a most reliable
It increases appetite and promotes digestion.

DAVID F. DREW, M.D.,
Councillor Massachusetts Medical Society.

R'S & SONS' Eucalyptol Extract (Eucalyptol).—Apply
nder, Dillon, Iowa, for gratis-supplied samples of Euca-
d reports of cures effected at the clinics of the Univer-
Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis
sas City, Mo., Dallas, Texas, and New York, sole

Reviews and Book Notices.

RCAN TEXT-BOOK OF SURGERY, for Practitioners and Students.
rles H. Burnett, M.D., Phineas S. Conner, M.D., Frederic S.
M.D., William W. Keen, M.D., Charles B. Nancrede, M.D.,
Park, M.D., Lewis S. Pilcher, M.D., Nicholas Senn, M.D.,
J. Shepherd, M.D., Lewis A. Stimpson, M.D., William Thom-
D., J. Collins Warren, M.D., and J. William White, M.D.
by WILLIAM W. KEEN, M.D., LL.D., and J. WILLIAM WHITE,
h.D. Profusely illustrated. Philadelphia: W. B. Saunders,
nut Street. 1892. Sold by subscription only. Price, $7 net,
8, net, sheep, $9, net, half-russia. 8vo., pp. 1209.

r previous notice of this truly, admirable work, after
g an extensive sale for it; we concluded by saying that
he work of "*American authors of which every American
l feel proud.*"

re pleased to see our predictions have been more than
the book is now the standard authority and recom-
at more than fifty of the most prominent colleges of
try, and has received the most flattering notices from
cal press of the world.

London Lancet of December 18th, 1892 concludes a

highly complimentary article by saying: "If this text-book is a fair reflex of the present position of American surgery, we must admit it is of a very high order of merit, and that English surgeons will have to look very carefully to their laurels if they are to preserve a position in the van of surgical practice" and the *British Medical Journal*, London, January 14th, 1893, which devotes nearly a page to its praises says: "We can commend this volume to those who are already engaged in surgical practice and congratualate the editors and their colleagues on the production of a volume which, at the present time, is one of the most comprehensive books for purposes both of study and of reference in modern surgery."

This is, indeed, an American triumph, totally unlooked for, as it has been an almost invariable rule for British journals to try and frown upon American contributions to medicine and surgery.

In conclusion we would compliment the publisher on his business methods which have been so well rewarded. In our younger days works like Gross, Ashhurst, and others, whose sales numbered some one thousand copies per annum, were considered prodigious; here, however, is a work not in existence six months of which over five thousand copies have been sold.

A TREATISE ON DISEASES OF THE RECTUM, ANUS, AND SIGMOID FLEXURE. By JOSEPH M. MATHEWS, M.D., of Louisville, Ky., Professor of the Principles and Parctice of Surgery, and Clinical Lecturer on Diseases of the Rectum, in the Kentucky School of Medicine; Visiting Surgeon Sts. Mary and Elizabeth Hospital; Consulting Surgeon Jenny Cassady Free Infirmary for Women; Late President Mississippi Valley Medical Society; President Louisville Clinical Society, etc., etc. 8vo. Cloth. Pages, 537. With Six Chromo-lithographs, and Numerous Illustrations. Price, $5. D. APPLETON & Co., 1, 3, and 5, Bond Street, New York, Publishers. 1892.

This work is illustrated by six chromo-lithographs, showing operations on fistula, hæmorrhoids, and other affections of the rectum, and by numerous cuts in the text. Dr. Mathews has devoted many years to the study and teaching of the diseases which are the subject of the treatise, and has written a book that is unique in its excellence and fully up to date. His prominence in the medical profession as a surgeon, teacher, and specialist, insures the success of the work. We regret that pressure at this

pon our pages prevents a more full and critical review,
ving carefully examined this most excellent work, indeed,
rand work, we most heartily endorse the following state-
from our excellent, reliable and wide-awake contemporary,
. *Louis Medical Review:*

far as we are aware, this is the first formal treatise on
diseases which has appeared on this side of the Atlantic,
could not have been placed in better hands than the au-
for a complete elaboration of the subject. The diseases of
.tum, anus, and sigmoid flexure, are a veritable *terra incog-*
› the majority of physicians. This knowledge stops at a
gue ideas concerning "piles," and the field has been left
to itinerant quacks, who are forever discovering and ob-
ng "rectal pockets," or who dilate upon the great and
troubles caused by "papillæ." In later years, however,
'e been pleased to note that rectal surgery has obtained its
position as a recognized specialty of no mean importance.
ısal of Dr. Mathews' work will show the reader how much
ance invests in the subject when it is handled by one im-
'ith sufficient knowledge and experience.

innovation which has been introduced in the work before
we do not find a mention of it in other works on the sub-
› the consideration of diseases of the sigmoid flexure.
ıthor regards this part of the intestine as intimately related
rectum in many respects, and, therefore, deserving of
.l study in the diagnosis and treatment of diseases of the
al portion of the intestinal canal. This is certainly a judi-
method of looking at the subject, for the sigmoid flexure
uch as a reservoir to relieve the rectum of much work
might eventually prove a source of irritation. * * *

. * * * * * * * * * *

tire work is a most interesting and reliable guide, written
an who has had an experience of fifteen years as a rectal
ist, and who is known to be trustworthy in every respect.

* * * * * * * * * *

artily commend it as a valuable work which has certainly
:o the fame of American literature."

THE SCIENCE AND ART OF MIDWIFERY. By WILLIAM THOMPSON LUSK, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children, in the Bellevue Hospital Medical College; Consulting Physician to the Maternity Hospital, and to the Foundling Asylum; Visiting Physician to the Emergency Hospital; Gynecologist to the Bellevue and St. Vincent Hospitals; Hon. Fellow of London and Edinburg Obstetrical Societies, etc. New (Fourth) Edition, Revised and Enlarged. With Numerous Engravings. 8vo. Cloth. Pages, 761. Price, $5. D. APPLETON & Co., 1, 3, and 5, Bond Street, New York. Publishers. 1892.

The author in his preface to this handsome edition of his most excellent work, placed before the public in the handsomest garb possible to the book-makers' art in this closing part of the Nineteenth century, has the following:

"The third edition of this work, published in 1885, was intended to present to the reader a picture of the most advanced obstetrical teaching of that date. In the brief interval, however, that has elapsed since then the changes that have taken place in both the theory and practice of obstetrics have made it necessary for me to present to the profession what is essentially a new book. Thus, many modifications in the theory have resulted from more careful observations in anatomy and pathology, and from fruitful physiological investigations. It has been my endeavor to interweave aseptic precautions with all branches of obstetric art without, however, insisting upon pedantic measures which experience has shown to be needless. But the noblest conquests of the past years have been the result of the employment of modern surgery for the relief or removal of a host of complications formerly regarded as beyond the pale of human help. * * * * * * * * * *

In making needed alterations I have not felt it obligatory when new discoveries have destroyed the value of former deductions to retain these in order to maintain a reputation for consistency."

Yes, indeed, while mankind enter and leave the world to-day as they did six-thousand yoar ago, the art and science of midwifery of to-day is not that of yesterday. Steadily advancing, continually improving, cases that only a decade ago were given up as hopelessly in the grasp of the grim-visaged moster, are safely and painlessly tided over the ordeal—notwithstanding the edict in regard to "pain and travail."

Lusk has given us the correct principles and practice of
ry with the complete developments of the present day.
in plain, graphic and chaste language, with its hand-
l eludicating illustrations, his fourth edition is a work
may well be proud of.
dicates the work to his former able colleague and associ-
late Austin Flint, M.D., L.L.D., in memory of many
friendship.

OK OF OPHTHALMOLOGY. By Dr. ERNEST FUCHS, Professor of
dmology in the University of Vienna. Authorized translation
he Second Enlarged and Improved German Edition. By A.
, M.D., Assistant Surgeon Ophthalmic and Aural Institute, New
8mo. Cloth. Pages 788. With numerous illustrations. D.
TON & Co., Publishers, New York. 1892.

other text-book on opthalmology was needed by the En-
ding part of the medical profession, the appearance of
ich's carefully prepared work, based upon extensive ex-
and careful observation will be regarded as timely, and
n the whole, doubtless meet with the approval of the ma-
The thoroughness and freshness of the information, and
ntific accurracy which characterizes the original have
sented in the best idiomatic English by the translator.
somewhat surprised, however, to find the "radical treat-
f trachoma so lightly treated. The experience of nu-
rustworthy observers does not coincide with the views of
uchs as expressed in his admirable and valuable book.
tment of trachoma with nitrate of silver and sulphate
r is almost, in many cases, quite useless.
ecommendations of jequirity in the treatment of pannus
lly be endorsed by the profession. It was long ago vir-
bandoned on account of its dangers. In those rare cases
may possibly have a place under certain conditions, the
ce of the reviewer is that induced gonorrhœal conjunc-
more easily controlled and more certain in its results
uirity conjunctivitis. Neither remedy, however, should
outside of a hospital, where the case can be watched
moment of inoculation.
ork is well printed, on good paper, handsomely bound,
e not free from defects, is upon the whole accurate in

description and reliable in treatment. A careful study of it will enlarge and sharpen the views of the specialist, and general practitioner alike. L. B. G.

MANUAL OF PRACTICAL AND PHYSIOLOGICAL CHEMISTRY. By CHARLES E. PELLEW, E.M., Demonstrator of Physics and Chemistry in the College of Physicians and Surgeons, Medical Department of Columbia College, New York; Honorary Assistant in Chemistry at the School of Mines, Columbia College, etc. Fully illustrated. New York: D. Appleton & Co. Price, $2.50.

It is a lamentable fact that in the majority of our schools of medicine too much pure chemistry is being taught and not enough medicine and chemistry that is practical. Authors seem to over-look the fact that students wish to become physicians and not chemists and, hence, most of our text-books are inadequate to the desired end. The labors of Chas. E. Pellew, E. M., however, come to the rescue of the busy student and gives him a text-book which admirably fills the long felt vacancy, and yet is not without value to the practicing physician.

It is divided into thirty lessons of practical laboratory work, dealing not only with physiological chemistry, with food-stuffs, fluids and tissues of the body, but special attention has been given to the latest clinical tests. The text is brief and to the point, the book is well illustrated and has an additional advantage of being interleaved for taking notes. It is a good book and we are glad to see it in print.

THE ANATOMY OF THE PERITONÆUM. By FRANKLIN DEXTER, M.D. Assistant Demonstrator of Anatomy, College of Physicians and Surgeons, Columbia University, New York. With thirty-eight illustrations. New York: D. Appleton & Co. 1892. Small octavo, eighty-six pages.

The student while dissecting the human body, perhaps meets with nothing which is more unsatisfactory or incomprehensible than the anatomy of the peritoneum. Dr. Dexter, believing that "the only way of obtaining a clear idea of the peritoneum is through a knowledge of its development," has compiled this most excellent little work. It is well illustrated with a series of colored plates, which of themselves alone will guide the student into a clear understanding of this most difficult anatomical

structure. It is well worthy of perusal by both student and and physician.

DISEASES OF THE LUNGS, HEART, AND KIDNEYS. BY N. S. DAVIS, JR., A.M., M.D., Professor of Principles and Practice of Medicine, Chicago Medical College; Physician to Mercy Hospital; Member of the American Medical Association, Illinois State Medical Society, Chicago Academy of Sciences, Illinois State Microscopical Society; Fellow of the American Academy of Medicine; Author of "Consumption, How to Prevent It and How to Live with It," etc. (No. 14 in the Physicians' and Students' Ready-Reference Series.) In one neat 12mo volume of 356 pages. Extra cloth. $1.25, net. Philadelphia: THE F. A. DAVIS Co., 1231, Filbert Street, publishers. 1892.

This work is a compilation from the author's lectures before the class of the Chicago Medical College, and is truly an excellent work.

Dr. Davis has eschewed long spun theories, and presents the diseases of the lungs, heart and kidneys in a clear, concise language, such as will make it plain and comprehensible to every student. Special notice is given to treatment with explicit directions concerning the time, when and how to use individual drugs. Physicians will undoubtedly find the book of much value.

NOTES ON THE NEWER REMEDIES. Their Therapeutic Applications and Modes of Administration. By DAVID CERNA, M.D., Ph.D. Philadelphia: W. B. SAUNDERS. Price, $1.25.

This work, as the title indicates, is not a text-book on therapeutics, but is simply a brief review of the newer remedies, giving their physical properties, solubility, therapeutic application and admisistration. It is a much needed book, and being complete and authentic as it is, it adequately fills the intentions of the author as well as the demands of the profession.

THE FOLLOWING BOOKS have been received and will have notice in our April number: A System of Genito-Urinary Diseases, Syphilology and Dematology, vol. 1, Morrow; Diseases of the Skin, Shoemaker; Hand-book of Physiology, Kirkes.

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR.

DEERING J. ROBERTS, M.D., - - *Editor and Proprietor.*

Vol. XV. NASHVILLE, APRIL, 1893. No. 4.

Original Communications.

DRY DRESSING IN TRAUMATISM: WITH A PLEA FOR INFLAMMATION.*

BY J.. S. NOWLIN, M.D., OF SHELBYVILLE, TENN.,

(Formerly Professor of Gynecology in the Medical Department of the University of Tennessee.)

Mr. President and Gentlemen: It gives me great pleasure to respond to the flattering invitation with which you honor me to be present at your meeting to-day and present to you some thoughts connected with medicine.

To be here awakens memories of boyhood days spent at your old academy, in studying mathematics, reading Roman history and playing marbles.

The affection begotten by those associations are still sweet and fresh in my heart. Here some of the aspirations of my youth-

*An address before the Marshall County Medical Society.

ful mind were born, which have at least stimulated me for a while to active exertion, whether successful or not.

Again to be here reminds me pleasantly, of many days spent with you in associated practice of the profession which, as the years go by we learn to love.

I am cognizant of the fact that the profession of this county has kept fully abreast with the tide of progress as it moves at the close of the nineteenth century.

I have selected the subject of

DRY DRESSING IN TRAUMATISM: WITH A PLEA FOR INFLAMMATION

for our consideration to-day.

Sepsis, asepsis and antisepsis are familiar terms to the reader of medical literature. Recent progress in the science of pathology, or at least the developments of the past twenty years, for which Pasteur and Sir Joseph Lister laid the foundation, have opened broad fields for thought, experiment and practice, which the practitioners of medicine and surgery have not been slow to occupy, with boldness and great confidence.

The history of medicine since the day of Hippocrates gives no time in which the practitioner has been so bold or confident as this era of pathology and prophylatic medicine.

Therapia, semiology, pathology and prophylaxis are the four steps through which we have passed in the last 2,000 years.

The man who thinks he is moving with scientific accuracy, must not despise the earlier and more crude methods of his ancestry. He is to-day dependent upon those early foundations which were apparently laid in empiricism.

Koch and Pasteur, Cohn and Klein, and a legion of co-workers have made themselves and those who have read after them familiar with organisms which they, and the greater part of the profession, embracing the most learned believe to be the cause of most of the diseases to which the human family is heir.

In the light of the germ theory every thing is now investigated both as to pathology and etiology.

I am not here to-day to endorse all that is being taught in this particular direction. I am mindful of the fact that all men seeking for truth are prone to err and be led by enthusiasm, or something else, far beyond the confines of truth in any given

line of investigation. The great Brown-Sequard and Koch himself have given us practical examples of this fact.

Neither do I propose in my humble sphere to even deny anything, for I will not make an argument against the microscope, nor am I so ignorant, or presumptous as to set myself against the overwhelming judgment of the profession.

I shall however present to you the clinical history of four cases of traumatism selected from a number others treated absolutely with dry dressing, based upon which, I offer two theories and allow you to draw your own conclusions.

James H., aged 16, strong and healthy, had his hand cut with a shingle saw in the month of August 1890. The saw passed entirely through the second phalangeal articulation of the thumb entering on dorsal surface and leaving less than an inch in width of the web of skin between the hand and thumb. It then cut directly across the palmar surface, lacerating the skin, subcutaneous fascia, tendons and bones from the second to the fifth metacarpal bone, making a wound entirely across the hand and apparently nearly through the whole thickness, leaving only the fleshy portion on back of the hand in continuity. The metacarpal bone of the little finger was cut through. The others were all injured and the two middle tendons cut.

When I saw him, an hour afterward, the hand was wrapped in cloths hastily put on to arrest hemorrhage and cover up the wound. On removal of this covering I found the blood had ceascd, and a clot was formed in the sulcus through which the saw passed. The tissues were much torn and lacerated. The thumb had fallen over in palm and was attached only by a narrow isthmus of skin.

I put one suture in the anterior aspect of the thumb, removed the clotted blood from the surface of the hand, being careful not to loosen the coagulum in the wound. No water was applied, a piece of absorbent cotton was dampened in a mixture of listerine and water, equal parts and laid over the cut with cotton enough to prop the thumb in its normal position, all of which was then nicely wrapped with cotton and loosely bandaged to a point above the wrist.

This dressing was not removed or interfered with for ten days. The first forty-eight hours he took three-fourth grain of mor-

phia, after which he had no medicine. The swelling was very slight. When the dressing was removed there was some pus and considerable odor. It was wiped off gently and the same method of dresssing except the listerine continued. This was repeated regularly at intervals of three to five days for five weeks when the hand was entirely healed. The thumb reunited, and while he cannot move it by muscular action, it is of considerable use. The quantity of pus generated was comparatively much less than from other methods of dressing. The lacerated sheaths of the tendons healed without any trouble.

A negro boy, aged 12 years was accidently shot from the rear in May 1889. It was done with a shot gun at a distance of eight or ten feet. The whole load struck the top of his shoulder, carrying with it, from the sternal end to half way the clavicle, most of the flesh, leaving spiculæ of bone embedied in that remaining. The skin and muscle covering the angle of the maxilaris inferior was also destroyed.

After removing one or two of the larger pieces of bone I covered the whole surface with iodoform and placed a large amount of absorbent cotton over it, never using a drop of water or other fluid to the wounded portion. After seven days it was dressed and found to be granulating nicely. The quantity of pus was less than usual. The same treatment was kept up for three or four weeks with the exception that the iodoform was discontinued after the first application.

The destroyed tissues were re-supplied to a greater extent than usual and the cicatrix much smaller than could have been expected.

In January 1891, John R., aged four years, had his foot cut with a hatchet in the hands of his little brother. The ax cut through the shoe and stocking, entered just behind the great toe, and cut all the soft tissues and bone through to the little toe, leaving only the flesh of the sole to maintain the continuity.

I applied a paste-board splint to the sole of the foot to support it in as perfect apposition as possible. The coagulated blood was left in the wound and covered with absorbent cotton and a bandage loosely rolled over it. I used no sutures, avoiding that source of irritation, nor any adhesive plaster. On the tenth day I removed the dressing and found the cut granulating with a

small quantity of pus. There was no marginal redness or swelling. The cut healed in six weeks and he walks on it very well. There is quite a fissure remaining not filled, though sound.

Georgia A., a little girl, aged four years was accidently wounded by the discharge of a shotgun which was loaded with four buck shot and some squirrel shot. She was standing at a distance of ten feet, when the lead struck her right thigh just below the insertion of the gluteus maximus and destroyed all the soft tissues to a depth of two, and to a width of four inches, leaving the thigh torn and pulpous to a fearful extent. The buckshot made two openings through the left thigh into which I easily passed the index finger. The little one was fearfully shocked, but I felt that she would react without stimulants and did not administer them. The absorbent cotton was wrapped over these wounds and the roller loosely put on, no fluid was used.

After it was dressed she had a placebo made of listerine, one drachm; water, two ounces, a few drops to be put on the outside of the dressing, night and morning. The treatment was the same as given in the preceding cases. There has been no trouble or unfavorable symptoms. It will soon be filled and healed over.

It has always been claimed that gunshot wounds must slough, but there has been nothing of the kind in this case. The openings through which the buckshot passed in the left thigh have already healed and there is no soreness remaining. The swelling was more marked in the right thigh of this case than any one of the four, and yet it never was half so great as we frequently have in those cases washed and dressed and medicated every morning.

That these wounds healed as rapidly and perhaps more so, that the quanity of pus was reduced to the minimum, and that the tissues destroyed were as largely re-supplied, and the cicatrices were as favorable as could have been obtained from any treatment that I have known, is true. If the theory, that a living organism, begotten and propagated in a wound, produces the pus, and that suppurative action is the result of their presence is correct, and, further, if it is true that the greater quantity of pus generated is most detrimental to the healing trauma, then this dry treatment is the best aseptic or antiseptic that I have ever known.

dicatrix naturæ as a factor in the healing art has
orgotten in the race for remedies with which to cure
lisease. If the atmosphere is burdened with germs,
ıg and in readiness to pounce upon the tissues as
is a solution of continuity, then, in my opinion, the
to their deleterious effect is found in the blood
ɜ pours out instantly, and with which she soon
ats the wound if allowed to do so.
ɜ giants are waiting and watching in the atmosphere,
ırface of the skin, and hidden in the dirt, until the
le, and the ptoma is prepared for their development
ltiplication, then the best method, according to my
is to keep the water and all other fluids away, not-
they may be vaunted as germicides. Permit nature
.he surface and seal it up—killing those within and
those external—thereby acting as an antiseptic and

ɔmaines, of which it is uncertain and unsettled
follow or precede the germ, are to be gotten rid of,
method is to allow no external moisture and as lit-
ıible.
some facts in connection with the maintainence of
even of the most minute germs, without moisture
h I should like to notice, but cannot now.
se we look at this question from a different stand-
ınmation for many decades attracted the attention
ts. It was said to be cured or to end in resolution,
n. If the trauma healed by the first intention, as
it was the result of plastic lymph never reaching
.tory condition, but if there was pus and granula-
was the sequence of inflammation.
ıting to notice that the earlier writers speak of it as
ıs a morbid process, or as a series of morbid con-
is a misnomer, and yet the successive conditions
m represents are so well defined that it should never
This so-called morbid process is one of the factors
erlooked *vis medicatrix naturæ*, if permitted to do
olestation, used for the relief of an injury. I will
thought, which I suspect arises in your minds, by

admitting that nature, in handling this particular remedy, is much like the doctor, she sometimes overdoes the thing. Inflamtion has had the misfortune to be regarded by the doctor as an enemy, and if it had any good intentions, they could only be accomplished under his protest.

Now I am inclined to think that the three or four phenomena, which we so often observe, are rarely intended by the economy for the relief of some morbid condition. I wish to assert that inflammation is nature's effort for the relief of an injury. That these phenomena are abnormal is true, but we must remember that this is the effort of the whole physical economy to rid itself of a disease or injury.

The ugliest thing that can be said against inflammation is that it sets up one disease to cure another, which, you know, is allopathic, and this method is used by some very regular physicians.

Take, for example, the furuncle or boil. A little arteriole by some means gets injured, or a minute thrombus, or some other foreign substance, comes floating in the blood and lodges in the arteriole, obstructing the circulation, or perhaps producing a complete infarction; immediately there is an increased quantity of blood sent there for the purpose of relieving this injury. It is done through an extra amount of the nutritive forces, and if you will give the parts rest and allow nature to have her own way, and only assist her when necessary, she will restore the part. She oftentimes is compelled to destroy some of the tissues, as in carbuncle, before health can be restored.

Nature does everything through the blood. It is the common carrier by which everything foreign, obsolete or effete, is handed over to the emunctories and eliminated from the system. It is also the happy and welcome messenger which brings nutrition (synonym for food) to every tissue in the body. The ealiest writers on hygiene said "the blood is the life."

There is another factor in this complicated machine which has something to do with these phenomena. It is the ganglionic nervous system, or sympathetic system, and frequently mentioned as the vaso-motor nerves. The function of these nerves is prominently that of nutrition, presiding also over every function in which animal life is involved. The man who wrote "*Ubi irrita-*

tio ibi fluxus" penned a truth; and it is so, because these nerves stand continually on guard for that purpose. I mention this function of the sympathetic nervous system to show that there is a determination of blood to a part, not from any specific phlogistic condition of the blood itself, but rather, that in its inception it is a physiological act.

It is worthy of notice that, as early as 1854, Sir Joseph Lister, in describing certain phenomena of the inflammatory process, said: "inflammation is only one of the various shades of derivation from the normal processes of nutrition." The plea which I make is that nature in her effort, through the nutritive and eliminative forces of the blood, to heal an injury ought not to be molested to the extent often done. Over-much washing, cleansing, disinfecting, and antisepting, will thwart her best work.

When the injured tissues are put as nearly as possible *in situ*, and covered with a dry absorbent material, and given as perfect rest as circumstances will permit, then the surgeon has discharged his duty. After this he is to watch, with an intelligent eye and educated touch, for the earliest indication that nature is about to fail, or in any way needs his coöperation.

You will see that I look upon inflammation in the field of traumatism, not as a disease, but as a general term, covering a series of phenomena, each of which is an effort at restoration.

The air and water, or other fluid, applied, whether it be medicated with an imaginary germicide or not, only retards the restorative process by inciting an excess of blood to the part, and increasing suppuration. Leave the blood there. Cover the wound with a dry absorbent material, exclude the air, and never disturb it with a second dressing in less than five to ten days. Then, if pus has ac ulated, wipe it off and redress without water or other fluid, or m icine of any kind.

I might here enter on a discussion of plastic lymph, and of effusion, and the formation of pus, showing how these successive steps are intensified by wet dressings frequently repeated, but must desist for the present, as this paper is intended to be suggestive rather than elaborate. Again let me express the great pleasure afforded me in being with you to-day in the discussion of practical medicine. The science of medicine is progressive,

broad and deep, and invites all her followers, in every sphere, either humble or exalted, to work—constant, energetic and earnest work. The difficult problems of life yield only to those who persevere.

I cannot close this paper better than in recalling Longfellow's "Ladder of St. Augustine."

"Ye mighty pyramids of stone
That wedgelike cleave the air,
When nearer seen and better known,
Are but gigantic flights of stairs.

The distant mountains that uprear
Their solid bastions to the skies,
Are crossed by pathways that appear
As we to higher levels rise.

The heights of great men reached and kept,
Were not attained by sudden flight,
But they, while their companions slept,
Were toiling upward in the night.

Standing on, what too long we love,
With shoulders bent, and downcast eyes,
We may discern, unseen before,
A path to higher destinies.

Nor down the irrevocable past
As wholly wasted, wholly vain,
If rising on its wrecks at last,
To something nobler we attain.

TREATMENT OF PNEUMONIA.

BY W. C. BOMAR, M.D., OF HOLLOW ROCK, TENN.

There is and has been a diversity of opinions in regard to the treatment of pneumonia, and of the use of different drugs and their therapeutical effects. Some physicians insisting that the modern plan of treatment, with opiates to relieve pain, quinine as a febrifuge, and alcoholic stimulants, with good nourishing

it fa superior to the old heroic plan of treatment, and that

the rate of mortality is much less. Go back twenty-five or fifty years, and the plan of treatment was almost if not quite a one-ideaed plan, and every one was treated just alike, because he or she, as the case might be, had pneumonia.

The plan of treatment then was strickly anti-phlogistic, venesection, antimony, calomel, and blisters. Later on down the line, venesection was almost, if not quite, discarded. The danger of antimony was soon brought to notice, by Dr. Boling, of Montgomery, Ala., in 1851. He describes the fatality of this drug from gastro-intestinal irritation; and it, like venesection, was laid aside.

The next remedy brought to bear upon the minds of the profession was veratrum viride. This proposed and did take the place of venesection and antimony, acting as a reliable arterial sedative. Again, in 1866, Austin Flint discarded all arterial sedatious and depressing remedies, and advocated the liberal use of opium or its salts, alcohol, supporting treatment, and time for the disease to run its course; and, in mild uncomplicated cases, little or no treatment at all. Later in life he came to a different conclusion, and in his last edition of Practice of Medicine, advises a more active plan of treatment: recommends quinine in heroic doses, and also admits the use of arterial sedatives. Quinine, to subdue high temperature; opium, to allay pain and give rest; and alcohol.

Prof. Loomis, of New York, our next teacher and author, condemns all depressing remedies, such as arterial or cardiac sedatives, but admits quinine to control high temperature, and opium to relieve pain, and alcohol to prevent heart failure. He regards pneumonia as a self-limited disease, and the best thing to do is to support the powers of life, and be guided by the patient's general condition, and not by the physical changes in the lung, and does not admit the idea of aborting the disease.

Now, in regard to the treatment of pneumonia, I think there can be no specified rule laid down. I think when we are called in to see a patient with pneumonia that we should, first and foremost, take in all of the surroundings connected with the patient and fully ascertain what kind of a patient we have to treat. If I was called to see a robust, healthy young man of full habits, suddenly struck down with a violent attack of pneumonia, with

great pain in the side, and full, bounding pulse, and flushed face, I would not hesitate one moment to resort to venesection in such a case. On the other hand, if the patient is not robust, and rather weakly constituted, I would first give him from nine to ten grains of calomel, and follow it with oil or salts in eight or ten hours, if it did not act before that time, and get from four to six good actions from the bowels. Next, I would give opium and use hot poultices over the lung to relieve pain. After moving the bowels well, if the temperature was still very high, pulse full and bounding, I would then give him veratrum in small doses, seeing that the patient was in the hands of a careful and experienced nurse; but I think it is too dangerous and depressing a remedy to leave in the hands of an inexperienced nurse. I think, in a large proportion of patients, that we get more bad effects from the use of veratrum than we do good ones. Nine out of ten times I never use it at all with my patients, but rely principally upon the use of opium, morphine or Dover's powder, one or the other, giving just enough to allay pain and give rest. I also give quinine to reduce the temperature, alcohol in the form of eggnog as a nourishing stimulant and heart tonic. In the event that this does not keep up the action of the heart sufficiently, I then give tincture of digitalis, and under every and all circumstances I give my patients good, nourishing diet, such as milk, animal soups, and so on, to hold them up and support the powers of life till the disease has time to run its course. In a word, I treat my patients and not the disease. Where the lung is badly hepatized, I have often observed happy effects from a blister, followed by hot poultices to the side.

At the incipency of the attack, I most always give calomel enough to move the bowels well, after that I seldom ever resort to purgatives again. To adults, I frequently give from two to five drops of turpentine two or three times a day until I get the kidneys to acting well, and if I have good reason to think my patient is infected with malaria, I always give quinine early in the disease. If an adult, I give from four to six grains every five hours until fully under its influence, after that from two to three grains every six hours. Alcohol as a stimulant heart tonic, and plenty of good, nourishing diet to support life, and, as before stated, I treat my patients and not the disease.

Selections.

PAPOID IN DYSPEPTIC STATES.—Dr. Woodbury has given an extended analysis of the physiological action of carica papaya. To his results certain cases recently coming under my observation lend clinical corroboration. It has been of especial value in all states where the digestive functions are feeble, inoperative, and seriously impaired from catarrhal complications, or from any other cause, since it is most emphatically indicated when the digestive fluids are unequal to the task of converting the ingesta to a condition preparatory to assimilation.

Case I. Young lady, æt 19. Symptoms: The patient was pale, languid, and debilitated; loss of appetite; pulse feeble, compressible, and small in volume; troubled with insomnia, and extremely nervous. The food that she took was not digested—it was simply decomposed, attended by persistent and annoying eructations of gas, acid in character; she complained of a great pain in her head, distress after meals, constipation, and irregular menses. I prescribed the following:

℞. Mass. hydrarg.....gr. xii.
Ex. colocynth, co.....gr. vi.
Ex. belladon.....gr. iii.
Ex. hyoscyamus.....gr. xii.
Podophyllin .....gr. ii.

M. ft. et. div. in pil. No. xii. S.; One at bed time.

Having relieved the constipation, I prescribed papoid, bismuth and strychnine as follows:

℞. Papoid.....gr. xv.
Bismuth sub nit .....gr. xxx.
Strychnin.....gr. 1-12.

M. Div. in ch. No. x. S.: Take one powder before breakfast and one before dinner. The first powder to be preceded by a coffee-cupful of hot water, taken as hot as can be borne.

This case represents a very numerous class, which are exceedingly common, instantly recognized, and are successfully treated when papoid is the remedial agent used. In one week this pa-

tient reported herself immensely relieved. She said that after the second day the eructations ceased, the acid condition was changed, the distress in her stomach was relieved, the sensation of fullness in her throat disappeared, her appetite improved, the insomnia gave way to restful sleep, and, to use her own forcible phrase, she "had escaped from the horrors of dyspepsia and the intensified horrors of insomnia."

Case II. A gentleman of 35—a remarkably active, clear, intellectual man of tireless energy, and a great sufferer from nasal catarrh, which he had had for fifteen years; it had utterly destroyed the sense of smell; the olfactory had ceased to respond to any appeal, and the catarrhal condition had extended to the stomach and duodenum. He complained of complete loss of appetite; pain in his head, with a furred tongue, constipation, sleepless nights, aversion to exercise, owing to his physical prostration, and a general feeling of fatigue. He had considerable palpitation of the heart, and was deeply imbued with a perpetual apprehension of the recent discovery of heart failure, from which he expected to die at any moment. Having allayed his fears of heart failure and convinced him that his palpitation was directly attributable to indigestion, I ordered him to take a coffee-cupful of water as hot as he could sip it, half an hour before breakfast, and then take one pill ten minutes before.

℞. Papoid.. ..... ʒ i.
Podophyllin..... gr. ii.
Hydrastin..... gr. ii.
Ex. hyoscyamus..... ϑ i.

M. ft. et div. in pil. No. xx. S.: Take one pill before each meal.

In addition, I prescribed hydrastin and eucalyptus an hour after each moal, and a laxative at bedtime. The hot water was continued for ten days; then I abandoned it, and placed him upon—

℞. Papoid..... gr. xxiv.
Sod. bi-carb..... ʒ ss.
Bismuth sub. nit..... ʒ ss.
Elix. aromat ..... f ʒ ii.
Aq. menth. p.. q. s. ad..... f ʒ ii.

M. S.: Shake the bottle and give a teaspoonful before each meal.

The catarrhal condition of his stomach, nasal passages and upper bowels proved a most formidable obstacle, and sustained a very obstinate set of symptoms to combat.

He had devoted several weeks, under the professional care of an excellent specialist in laryngology, to the treatment of his catarrh—spraying and insufflation, etc.—which only afforded him temporary relief in this humid atmosphere and changing temperature. I ordered him to continue this course of treatment for six weeks, which he did, during my absence from the city. Upon my return he presented himself at my office, and reported such a radical change in his symptoms towards complete restoration of his health—which his appearance fully sustained and vindicated—that the same line of medication was adhered to for a short time longer, and, within two months from the commencement of his case, he was discharged cured.

It must be remembered that he had been treated by several excellent physicians, who had in every way met every indication and symptom that presented in his case with a host of remedies—scientifically and intelligently prescribed—aided by a long list of dietary articles of the very best quality—peptonoids, pepsin, pancreatin, beef extracts, maltine, with its numerous and valuable additions. He had tried the grape cure, the skimmed-milk delusion, and various other good remedies for certain conditions. Within a week from commencing the administration of that wonderful remedy his symptoms changed. His headache left him; the great distress in his stomach, which tortured him for hours after meals, ceased; his tongue became perfectly clean, bowels regular, appetite excellent, complexion clear, spirits revived, and a general appearance of returning health and rejoicing.

The ruling remedy in this case was the papoid; he having been carefully and scientifically treated for months upon the old plan of remedial agents that I have named without any perceptible relief, and changing directly to a new course of treatment, in which papoid was the chief factor, there is but one logical conclusion to arrive at as to the remedy that wrought the change.

Case III. This patient, who had complained for several years of catarrh of the bladder, following an aggravated attack of cystitis, applied to me for advice and treatment for his urinary

difficulties, which he stated were constant, painful, annoying and aggravating to the last degree of endurance.

He had traveled extensively in Europe, spent several seasons at Weis-Baden, and had tried the waters at several health resorts in Germany, returning home without much improvement except of a transient character.

As the patient was over 70 years old, and greatly broken in health, I was not at all sanguine of affording him much relief, and not anxious to undertake the case, which I fully explained to him. That his age and the many years of his physical martrydom were decidedly against his recovery, all of which he at once conceded, and stated that he only expected and only sought temporary relief. His array of symptoms were truly formidable. He was suffering from dyspepsia, with a full train of attendant manifestations; was in constant dread of heart failure, pain in epigastric regions after taking the slightest nourishment, and complained of acrid eructations and throwing off gas from the stomach; was much troubled with palpitation of the heart, with an intermittent pulse—with a feeling of a general surrender to the persistent invasion of disease.

His vesical catarrh was a prominent feature in the multiplicity of his murmurings, and his chamber more than established the fidelity of his painful recitals.

I prescribed the following treatment for him, to relieve his costive habit and to arouse his inactive and torpid liver and secretions. I ordered:

℞. Mass. hydrarg.....gr. xxiv.
Ex. colocyncth, co.....gr. xii.
Podophyllin.....gr. iv.
Leptandrin.....gr. vi.
Ex. hyoscyamus.....gr. xxiv.
Ex. belladonna.....gr. vi.
Ex. nux vomica.....gr. vi.

M. ft. et div. in pil. No. xxiv. S.: Take one pill at bedtime.

After five days I commenced the following plan: I washed his bladder out three times a week; first with equal parts of milk and water, pretty warm, then with boric acid, and lastly with hydrastin and papoid.

I gave him papoid in combination with soda bicarb. and bismuth, and ordered him to take six ounces of water as hot as he

could every morning, with ten grains of sodium chloride, and to take the papoid mixture in the middle of his meals; and once a week he was subjected to vigorous massage by a strong and healthy operator.

I regulated his diet to conform to the indications of treatment. In six weeks he had gained five pounds in weight; the mucus that formerly threatened supremacy in his chamber had almost disappeared. His indigestion was immensely improved, his appetite had returned, and to use his own words: "That papoid is surely the long-sought rejuvenating elixir of youth." I gave papoid the credit, because he had traveled the old line of treatment through many years of patient, persevering and unfailing faith, suffering the pains and penalties attending misdirected effort and stubborn adherance to remedies which have survived scientific application. When the secretions of the stomach are in perfect accord with those remedies the results are quite satisfactory, but administration of pancreatin, pepsin and pepsin mixtures indiscriminately, without regard to the condition of the stomach, is a blind and empirical method of meeting the abnormal condition presented.—*A. J. Park, M.D., of Chicago in Med. Standard.*

PUERPERAL HEART-CLOT.*—Heart-clot in the puerperal woman is a very rare complication. The possibility of it has been denied until a comparatively recent date. This denial has arisen from the fact that after death the heart cavity is found empty and the clots plugging up the pulmonary artery instead.

In 1849 Meigs directed attention to heart-clot, and assigned it as the cause of a sudden death in his own practice. Playfair convinced some doubters by a lengthy paper which appeared in the Lancet in 1867. He reported an additional case in 1871. Since that period physicians have been less timid about diognosticating this condition, where symptoms plainly pointed in that direction.

Fordyce Barker in his lectures (1869) says: "Observations have demonstrated that clots may form both in the pulmonary artery and in the right cavity of the heart as a primary lesion."

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*Read before Brooklyn Gynecological Society, by Frank Baldwin, M.D.

He weakens a part of this statement a little later, when he says that pulmonary thrombi in the great majority of cases are found to have formed around a clot which has escaped from the cavity of the heart.

The skeptical have persistently claimed that the clots were formed where found, in other words, that they were pulmonary thrombi and not emboli. Where parenchymatous changes have taken place in a lung tissue, and the vessel walls have become changed, no more favorable location could be imagined for the formation of a thrombus; but recent investigations have demonstrated the fact that clots are not at all apt to form within a healthy vessel.

Bencke says that blood may be kept unchanged almost indefinitely within a normal vein or artery, if it is enclosed between two ligatures. To show—on the other hand—what a rougher surface will do, we have only to draw a fine silk thread through the artery of a living animal when a clot will promptly be formed upon it, which will grow and threaten to occlude the lumen of the vessel. It is evident from this that a thrombus is far more prone to locate in a heart cavity where morbid changes have taken place, than within the normal walls of the pulmonary artery.

Right here arises another objection to the heart-clot theory—namely, that these clots are travelers from the peripheral veins—especially from the placental site. Playfair, however, states with considerable positiveness, that coagula in the veins, are tenacious, and do not break up until the process of softening has begun—which never occurs before the nineteenth day after delivery. This accident doubtless occurs often enough after this time, but it can hardly be held accountable for the deaths which occur from pulmonary emboli shortly after the birth of the child.

During the latter months of pregnancy and for several weeks after that event, the condition of the blood is such as to favor the formation of thrombi. The water is increased, as is also the fibrin. There is an actual decrease in red globules and in hæmoglobin. To this blood there is added a large quantity of effete material looking for a place of exit from the body. Of course if the right cavity of the heart has been the seat of morbid changes, the danger is greatly increased.

That there is a close relation between rheumatism and puerperal heart-clots has been observed for a long time. Barker says that several of the patients whose cases he reports had suffered recently from rheumatic fever and endocarditis. It would be rash, however, to affirm that this relation depends entirely upon endocardial changes. Many women who have roughened pulmonic valves, go through confinement with no more trouble than others who are not so afflicted; and yet there can be no doubt but what such a condition predisposes to the formation of clot. Rheumatism affects the blood very much as child-bearing does, and it certainly renders it less alkaline, which of itself would increase the chances of coagulation.

About eight years ago, I attended a woman in her fourth confinement. She had suffered with inflammatory rheumatism during the period of gestation, and endocarditis was recognized at the time. She did well until the seventh day, when, while reaching for some object on the foot of the bed, she was seized with extreme dyspnœa and died almost immediately. This had every appearance of a case of heart-clot, and yet I do not pretend to report it as such because I have no notes and my memory can hardly be trusted to give all the details. It served, however, to put me on my guard and make me very suspicious of women who during their pregnancy had been afflicted with rheumatism.

My next case of this kind was Mrs. K., twenty-six years of age, weight about one hundred and ten pounds. It was her first pregnancy, and she was very apprehensive as to the outcome of it. Six months before, she had been sick for about two weeks, with what was considered a light attack of inflammatory rheumatism. She suffered, at the time, a good deal, with an uncomfortable sensation at the heart. This continued for several days after the other symptoms had disappeared. There being no objective symptoms of heart trouble, her physician considered that the distress was purely muscular.

I first saw her professionally about three weeks before her confinement. She had not felt very well since her illness in the spring but laid all her bad feelings, which, by the way, were of a somewhat indefinite character, to malaria and to her condition. I examined her heart very carefully, but could detect no murmur or other sign of disease. She seemed much reassured when I told her of this.

I was called to attend her on the morning of Oct. 25th. She had been in labor all night. About 2 p. m. she was delivered of a healthy eight-pound girl. The position of the child was occipito-posterior and considerable damage to the perinæum resulted. This I repaired at once. I applied a bandage as tightly as my patient would permit, and soon after left her in good condition. I was obliged to use the catheter for thirty-six hours, but after that she voided urine without assistance. Owing to the extreme terror of my patient at the mere suggestion of catheterization, I was compelled to administer a few drops of chloroform at each operation—nine in all. On the third day she complained of vesical pain and tenesmus. This continued until the fifth day, when it gradually disappeared. During this time her temperature rose slightly over a hundred, but dropped to normal again on the fifth day. Her milk came later, but was plentiful.

When I made my call on the morning of the tenth day, I found her sitting up in bed fondling her baby and anxious for my permission to join the family at dinner in the evening. At my request, however, she promised to remain in bed two days longer, though she said she never felt better in her life.

At 3 P. M. I was called in great haste. While straining slightly at defecation, she had been suddenly attacked with extreme dyspnœa and a sense of oppression at the heart. I found her in a state of asphyxia, cold, pulseless, deathly pale, lips and finger tips purple. I shall never forget her expression of anguish as she greeted me with, "Oh! Doctor, give me some air, or I shall die." Brandy, digitalis and ammmonia were given immediately, and bottles of hot water were applied to her feet, along her limbs and under her arms. All, however, was in vain, for in thirty minutes from the time of seizure she was dead. After her death, I was informed for the first time, that, during the night previous, she had complained of that "old feeling" in the region of the heart.

This was, I think, a typical case of heart-clot, and that it was dependent, somewhat, upon the antecedent rheumatism, I could have no doubt.

One case of any disease, is not enough to draw many reliable conclusions from, but such cases are so exceedingly rare that I

have made bold to present it this evening as the subject of our discussion.

If all of these cases could be reported, we would in time be able to draw deductions from them, which would enable us to make a fight for prevention.

That I could find no evidence of endocardial disease, in no way proves that such disease was not present. We all of us have seen cases which could be detected only long months after the mischief is done.

I have very little to offer regarding treatment. Barker felt certain that he had prevented the formation of heart-clot by keeping his patient on her back for a long time after confinement and guarding her from necessity for muscular effort.

I would suggest plenty of alkaline mineral waters before confinement with small doses of digitalis if there is any indication of weak heart action. Small doses of bichloride of mercury would be indicated both as a tonic and for its power of overcoming the coagulating tendency of the blood. Beyond this little seems possible.—*Brooklyn Med. Jour.*

Operative Experience with Ectopic Gestation.—Dr. E. B. Cragin (*Amer. Jour. Obstetrics*) says:

When the diagnosis is made before the rupture of the tube, the best interests of the patient are subserved by abdominal section and the removal of the pregnant tube; and this I would state recognizing full well the claims of the advocates of galvanism and faradism. The following reasons force me to the above conclusion: Before the rupture occurs, the operation for removal of the tube is one of the simplest of abdominal sections. The operation at this period may be performed with selected, trained assistants, and with careful attention to all antiseptic details. By this operation the patient is removed from the danger which momentarily threatens her—the danger of rupture and fatal hæmorrhage before surgical aid can be secured. She is also saved the trouble which is liable to arise from a tube once pregnant but not removed.

When the product of conception has escaped from the tube into the peritoneal cavity, either through the wall of the tube or

by "tubal abortion," the only safe rule of action is abdominal section, removal of the tube, and cleansing the abdomen. The writer believes that not in a few cases the product of conception has escaped from the tube with slight hæmorrhage, both fœtus and blood-clots have been absorbed by the peritoneum, and the patient has recovered without operation. While frankly admitting this as a possibility, we are forced to confess that we never can foresee those cases in which the hæmorrhage is to be slight; and while one has survived such an experience, many have perished. A few hours, nay, even a few moments, will sometimes change the condition of a woman from one of apparent health to that of imminent death from internal hæmorrhage. This short time is our only opportunity to save our patient. Shall we neglect our opportunity?

When the rupture of the ectopic-gestation sac has occurred between the folds of the broad ligament, excepting the rare condition where the life of the fœtus continues, operation is not indicated unless suppuration occurs or unless repeated hæmorrhages threaten a secondary rupture into the peritoneal cavity, In both these conditions the writer's method is vaginal incision and drainage. Four cases of hæmatosalpinx which resembled cases of ectopic gestation have been operated on by me, but, as positive proofs of the true condition have been absent, they have not been included in this paper.—*American Lancet.*

Abdominal and Uterine Tolerance in Pregnant Women.—The fact that pregnant women will tolerate the most severe lacerated and other wounds of the abdomen alone, or abdomen and uterus combined has been amply demonstrated by the comparatively large number of cases found in medical literature.

When we take all the circumstances surrounding such cases into consideration, we can only marvel at the wonderful resistance both of a physical nature and of a mental condition which is proven by the records. Dr. Robert P. Harris has contributed a clear-cut study of this in a paper which appears in the New York *Journal of Gynecology and Obstetrics.* He has tabulated twenty cases of animal horn-rips of the abdomen and of the abdomen and uterus in pregnant women, some of which

have hitherto been unpublished. The cases cover a space of time extending from 1830 to 1888. Out of the entire number but four died, making a mortality of twenty per cent. Two died of shock and one was instantly killed. The fourth one died forty-one hours after the injury, which involved the bladder, and was twelve fingers-breadth in extent.

Commenting on these cases and comparing them with Cæsarean section, Dr. Harris is led to say that the surgical world has been long in error as to the proper measure of danger to be encountered in the Cæserean operation, and had the horn-rip cases of this paper been collected twenty years ago, down to number seventeen inclusive, it must have much surprised the operators of Europe and America to consider their results in contrast with the best work done under the knife. The much better results now attained by the obstetric surgeon, particularly in Germany and Austria, has a tendency to diminish the measure of our surprise at those recorded of the work of horned ruminants; but we are led even now to ask ourselves two very important questions, viz.: 1. Why did so large a proportion of women recover after the horn-Cæsarean rip than after a delivery by the knife, under the old method of operating that prevailed up to the year 1876? 2. Was it the mode of operating with the knife, the condition of the subject at the time of her delivery, or both in combination, that made the difference of results? As we must admit that the knife is much the better instrument of the two, and is capable of performing its work with much less shock to the system, we must also admit that an operation before labor is likely to be much better borne by the woman than in the state of exhaustion produced by its long continuance. We believe that the secret in the horn-ripped and other lacerated cases lies in the fact that the subjects were healthy and in good physical condition when forced to endure the shock of a violent abdominal injury. Had one of these women been already under the effects of labor-exhaustion, her death would, no doubt, have followed.

The labor and time expended in collecting together the cases of injury presented in this paper will have been spent in vain, if they are to be regarded simply in the light of marvels or curiosities in obstetrical literature. They were certainly not collected

as such, but to establish indisputable certain points of belief long held by the writer, and repeatedly contended for: that the Cæsarean operation should not be regarded *per se* as a very dangerous surgical procedure, and should not be held in the dread with which it was long contemplated, and which was a potent factor in forcing it to assume a character which properly belonged to its performance as a "last hope." He has also believed for the past eleven years, and is confirmed in the opinion by many tests made by Philadelphia operators during this period, that the cases must be very exceptional in which it will not be safer to the woman to have the operation performed shortly before labor than after it has begun, unless, in the latter event, very little time is lost in preparation. Certainly the Mexican record of Cæsarean casualities teaches the value of ante-partum celio-hysterotomy. Under the knife, Mexico has one Cæsarean operation (1877)—woman saved, child dead; and one Porro operation (1884)—woman lost, and child saved. The woman lost was a rachitic, deaf and dumb dwarf, and died in twenty-eight hours from shock.

In ante-partum Cæsarean operations it may well to anticipate any possible risk of uterine quiescence by giving a hypodermic of ergotin half an hour before the operation is to be commenced. Second operations on the same subjects are rarely fatal if well managed, but the dangers of hemorrhage from the placenta presenting in the line of incision are increased because of utero-abdominal adhesions leading to atony; and this risk will not be entirely avoided, even if the woman is fully in labor. History. however, shows that the danger is rarely insurmountable, and that women have recovered after as many as four, and even six celio-hysterotomies, although no uterine sutures were used. Since the introduction of the Saenger method, as many as three operation have been performed upon the same woman with safety to her and the three children.—*St. Louis Med. Review.*

After-Pains.—Dr. E. J. Dennis, of Kansas City, Mo., says after-pains are much more severe and frequent in those who have borne many children than in primiparæ, the pains are apt to be more severe after an easy labor than after a long, tedious

one. The pains come on gradually after confinement, beginning, in many cases, an hour or two after delivery, and last for hours, or even days. After-pains, no matter how strong, are intermittent, with a latent interval; they are rather eased than increased by pressure; the lochial discharge is more profuse when the pains are bad. These symptoms will clearly demonstrate the difference between after-pains and peritoneal inflammation. In many cases the pains are so severe that the attending physician must do something to relieve them, and this is more easily said than done. I have used many so-called sure cures, but the following has given better results than anything I have ever used:

℞. Pulv. camphoræ.....ʒij.
Pulv. doveri .....ʒj.
Ext. hyoscyami .....gr.x.
M. Ft. capsules, No. x.
Sig. One capsule every three hours.

If the pain are very hard and intractable, and the uterus large and tense, it is an indicattion that there are clots within the uterus, in such cases the following is par excellence:

℞. Fl. ex. ergotæ.....ʒj.
Dioviburnia (Dios).....ʒij.
M. Ft. solutio.
Sig. Teaspoonful every three or four hours.

Dioviburnia is an excellent uterine tonic. I never fail to prescribe two, and sometimes four ounces, after every case of obstetrics, of which I have a great many, and, consequently, I never have a case of subinvolution to contend with. I advise its use if you would have good success and good after-results.

I have had the opportunity of trying its merits in the Prison Christian Rescue Home, I being the physician of that institution, and nearly all the girls come from the jails of Kansas City and Wyandotte, Kas., nearly every one of whom is either pregnant or just convalescing from a miscarriage, or suffering from metritis, endometritis, menorrhagia, ammenorrhea, dismenorrhea, and, in fact, every disease that woman is heir to. I invariably put them on Dioviburnia, and it does wonders for them. It soon builds up the uterine appendages. Locally, I use tampons of glycerine and iodine.

I have a case now of a young married woman who has had three miscarriages, two or three months only elapsing between each, and nothing seemed to arrest it. I have kept her in bed for four weeks, and she would miscarry. She again became pregnant and I successfully carried her through with Dioviburnia.

I cheerfully recommend Dioviburnia to the profession, although I do not on general principles use proprietary compounds, but having tried similar recipes and found them incapable of producing as good results.—*Ex.*

Bloodless Amputation at the Hip-Joint.—Dr. N. Senn describes an improved method of performing bloodless amputation at the hip-joint (Chicago *Clin. Review*). The paper is illustrated with a number of photo-engravings representing different stages of the operation. The following conclusions represent the principal points in the method:

1. Preliminary dislocation of the head of the femur and clearing the shaft of this bone of all soft tissues down to the proposed line of amputation through an external straight incision requires less time, is attended by less hemorrhage and shock than when this part of the operation is done after circular amputation, as advised by von Esmarch and others.

2. The external straight incision is the same as von Langenbeck's incision for resection of the hip-joint, differing only in length.

3. After dislocation of the femur the soft tissues are tunneled with a hemostatic forceps which is entered through the external wound on a level with the trochanter minor to a point on the inner aspect of the thigh behind the abductor muscles and about two inches below the ramus of the ischium where a counter opening two inches in length is made.

4. Bloodless condition of the limb should be secured by elastic compression or vertical position prior to tying the elastic constrictors.

5. An elastic tube three-quarters of a inch in diameter and about four feet in length is grasped with the forceps in the center and drawn through the tunnel made by the forceps.

6. After dividing the elastic tube in the center the base of the thigh is constricted by drawing firmly and tying the anterior constrictor in front of the anterior section, while the posterior constrictor after being drawn tight behind the posterior section the two ends are crossed and then made to encircle the whole thigh, when the ends are again drawn firm and tied or otherwise secured above the anterior constrictor.

7. A long and a short oval cutaneous flap should invariably be made in all amputations at the hip-joint.

8. In preference a long anterior and a short posterior flap should be selected.

9. The transverse section through the muscles should be somewhat conical in shape, the apex of the cone corresponding to the tunnel made by enucleation of the upper portion of the shaft of the femur.

10. Resection of the end of the sciatic nerve and ligation of all vessels that can be found should be done before the removal of the constrictors.

11. The femoral arteries should be secured by a double catgut ligature half an inch apart, the one on the proximal side including also the acompanying vein.

12. The posterior constrictor should be removed first, and all hemorrhage arrested by ligation and compression before the anterior constrictor is removed.

13. The upper part of the wound corresponding to the acetabulum should be drained with an iodoform gauze tampon, and the remaining part of the wound by one or more tubular drains. —*St. Louis Med. Review.*

MEETINGS OF STATE MEDICAL SOCIETIES.—The following gives Secretary's name, with time and place of meeting, 1893:

Alabama.—T. A. Means, Montgomery; Selma, April 11.

Arkansas.—L. P. Gibson, Little Rock; Batesville, May 31.

California.—W. W. Kerr, San Francisco; San Francisco, April 18.

Colorado.—A. S. Lobingier, Denver; Denver, June 20.

Connecticut.—N. E. Wordin, Bridgeport; Hartford, May 24.

Delaware.—W. C. Pierce, Wilmington; Cape Henlopen City, June 13.

Florida.—J. D. Fernandez, Jacksonville; Jacksonville, April 4.

Georgia.—D. H. Howell, Atlanta; Americus, April 19.

Illinois.—D. W. Graham, Chicago; Chicago, May 16.

Indiana.—E. S. Elder, Indianapolis; Indianapolis, May 10.

Iowa.—C. S. Chase, Waterloo, Burlington, May 17.

Kansas.—W. S. Lindsay, Topeka; Topeka, May.

Kentucky.—Steele Bailey, Standford; Frankfort, May 3.

Louisiana.—P. B. McCutcheon; New Orleans; New Orleans, May 9.

Maine.—C. D. Smith, Portland; Portland, June 14.

Maryland.—G. L. Taneyhill, Baltimore; Baltimore, April 25.

Massachusetts.—F. W. Goss, Boston; Boston, June 13.

Michigan.—C. W. Hitchcock, Detroit; Muskegon, May 11.

Minnesota.—C. B. Witherle, St. Paul; Minneapolis, May 21.

Mississippi.—H. H. Haralson, Forest; Jackson, April 19.

Missouri.—L. A. Berger, Kansas City; Sedalia, May 16.

Montana.—T. H. Ellis, Butte; Great Falls, April 19.

Nebraska.—Geo. Wilkinson, Omaha; Nebraska City, May.

New Hampshire.—G. P. Conn, Concord; Concord, June 20.

New Jersey.—Wm. Pierson, Orange; Spring Lake, June 27.

New York.—E. D. Ferguson, Troy; New York, October 10.

North Carolina.—R. D. Jewett, Wilmington; Raleigh, May 9.

North Dakota.—D. S. Moore, Jamestown; Jamestown, May 25.

Ohio.—T. V. Fitzpatrick, Cincinnati; Put in Bay, June.

Oregon.—C. H. Wheeler, Portland; The Dalles, June 13.

Pennsylvania.—Wm. B. Atkinson, Philadelphia; Williamsport, May 16.

Rhode Island.—W. R. White, Providence; Providence, June 1.

South Carolina.—W. Peyre Porcher, Charleston; Sumpter, April 19,

South Dakota.—R. C. Warne, Mitchell; Huron, May or June.

Tennessee.—D. E. Nelson, Chattanooga; Nashville, April 11.

Texas.—H. A. West, Galveston; Galveston, May 2.

Vermont.—D. C. Hawley, Burlington; Rutland, October 12.

Virginia.—L. B. Edwards, Richmond; Charlottesville, Oct. 14.

Washington.—G. D. Shaver, Tacoma; Tacoma, May 10.

West Virginia.—D. Mayer, Charleston; Parkersburg, June.

Wisconsin.—C. S. Sheldon, Madison; Milwaukee, May 3.—*St. Louis Med. Review.*

TREATMENT OF PURULENT CONJUNCTIVITIS.—Dr. W. T. Montgomery (*Annals of Opthalmology and Otology*) says:

The points I wish to emphasize in the treatme: t of this disease are:

1. The nitrate-of-silver solution, at least gr. lx to ʒ j, once daily. If the purulent discharge does not continue to lessen, increase the strength of the solution up to gr. cxx to ʒ j. I have not found it necessary to go above this. I have not had any bad after-affects from the use of these solutions, as cicatricial contractions, staining of tissues, etc.

2. Make the application with the medium-sized camel-hair brush, and be sure to brush the entire palpebral and retrotarsal portions of the membrane.

3. Cleanse the eyes with as little irritation as possible. Wiping the eyes, and especially the use of the syringe or pipette for washing out the conjunctival sac, cannot be too strongly condemned.

4. The use of the iced compresses for at least one hour after each application of the strong solution. The best mode af applying these compresses is to have a dozen or more small pledgets of absorbent cotton on a block of ice, and change often enough to keep them cold. In adults and children old enough to express themselves I have found these grateful, and I believe them to be a valuable aid in reducing inflammation.

5. The antiseptic lotion the least irritating to the eyes is the best, and the boracic-acid solution is my preference. Used in the manner here indicated, I do not know of any remedy which has given me greater satisfaction that the nitrate of silver in the treatment of purulent conjunctivitis.—*American Lancet.*

THE TREATMENT OF EMPYEMA OF THE ANTRUM OF HIGHMORE.—Professor Chiara, of Vienna, reports twenty-eight cases of this affection, and formulates the following rules as to treatment: 1. In very rare cases empyema, due to alveolar periostitis, may be cured by extraction of the offending tooth alone. 2. Continued irrigation of the nose may also effect considerable improvement. 3. Injections into the antrum, even if undertaken egularly and thoroughly, frequently do not bring about a cure,

although, as a rule, some improvement. 4. In cases of recent suppuration resulting from alveolar periositis, a few injections usually suffice to produce a cure. 5. In only one case was it found possible to successfully inject the ostrum maxillare in such manner that pus was discharged together with the injected fluid. 6. Systematic injections can be easily and conveniently made through the alveolar process; to make them through the lower nasal passage is a very laborious procedure, carried out by the patient only with great difficulty. 7. Insufflations of iodoform powder do not give positive results. 8. During all these various proceedings the antrum should be closed up toward the mouth. 9. The most reliable results are afforded by tamponing the antrum with iodoform gauze, which rapidly arrests suppuration. It should be practised only once a week; can be easily carried out by every physician, and shuts off the antrum from the mouth. 10. Preparatory to tamponing, an opening varying in size from four to six millimetres is usually made in an alveolus. The opening may be made in the canine fossa, but only if a perforation exists there already, or the patient refuses to sacrifice a tooth, or if it is desired to thoroughly curette the cavity. Tamponing through the canine fossa, however, is always a difficult and painful procedure.—*International Journal of Surgery.*

SANDER'S & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports of cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

IODOFORM VS. ARISTOL.—Under this head, Dr. Richard H. Gibbons, of Scranton, gives a very interesting account of his experience with aristol. The first case in which he employed it was after an operation for the removal of a cancerous mammary gland. The entire wound approximation was dusted with aristol. The lesion was dressed and closed for eight days, when it was found that a complete union had taken place. "Since then," says the author, "I have used aristol for all wound sur-

faces, exterior and cavital. In all operations about the anus and rectum I have found this remedy of great value."

Dr. Gibbons had equal success with aristol in diseased conditions of the eye, ear, nose, vagina, cervix, the female urethra, etc. He made satisfactory use of it also in supra-pubic cystotomy, and internal urethrotomy. The author adds that: "The powerful effects of aristol to promote rapid cicatrization," led him to employ it for special operations for the relief or cure of malignant disease of the female mammary gland. In the six cases, cited, the success achieved was remarkable. Concerning the value of aristol as a protective, Dr. Gibbons writes as follows: "The results which I have obtained in the use of aristol as a protection to wounds and ulcerated surfaces, and also as a stimulation to granulation, have been satisfactory to an extreme degree." Of its value in cæliotomy he says: "In all cases of abdominal surgery, I now use aristol and find it to be the ideal protective, having had no cases of breaking down of the wound of entrance, as has happened in several cases where I have used iodoform."—*Times and Register.*

PNEUMONIA.—In speaking of the treatment of pneumonia by quinine and antikamnia, Prof. Palmer says: "The effects desired, and certainly, as a rule, produced, are a decided reduction of the temperature, a marked diminution in the frequency of the pulse, a decided moisture of the skin, or free sweating, a slower and more easy respiration, or relief from pain and the feeling of fullness in the chest, a diminution of the cough and of the tenacious and bloody character of the expectoration; and, in short, not only is there a checking of the fever, but of all evidence—general and local—of the pulmonory engorgement and inflamation.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

Editorial.

ANNUAL MEETING OF THE STATE MEDICAL SOCIETY.

The Sixtieth Annual Meeting of this now venerable and time-honored institution will be held in this city April 11th, 12th and 13th. The Committee of Arrangements have made every necessary preparation for a most enjoyable meeting, and it is confidently expected that there will be an unusually large attendance. Every member of the regular profession in the State should join in the useful and practical work of the State Society. The time spent in the Capital, mixing with your fellows in the profession, the interchange of thought and ideas will well repay the few days devoted to its sessions, to say nothing of the more valuable mental pabulum afforded by the essays and discussions thereon. Come, then, physicians of Tennessee, and take part in this most worthy movement to advance the interests of the profession of your choice. You will be benefitted thereby as will your patients and patrons in the days to come.

The Secretary has issued his usual circular letter. Railroad rates at one and one-third fare from any station in the State. Get your ticket and a certificate from your Railroad Agent, setting forth the fact that you are visiting Nashville for the purpose of attending the Annual Meeting of the State Medical Society, paying full fare one way for it. On presenting the certificate, countersigned by the Secretary, at the ticket office here you get your return trip at one-third rate. Our hotels also make reasonble reductions to the members, and all the citizens of the Capital will endeavor to make your stay pleasant and enjoyable.

The following is Dr. Nelson's circular letter:

OFFICE OF THE SECRETARY OF THE TENNESSEE STATE MEDICAL SOCIETY, CHATTANOOGA, March 2, 1893.

Dear Doctor:—Your presence at the next meeting of the Ten-

nessee State Medical Society, which will be held in Nashville, April 11th, 12th, and 13th, is desired. I am assured by the Committee of Arrangements that everything for the comfort and convenience of those in attendance will be properly arranged. Reduced railroad rates, on the certificate or round trip plan will be given. All information concerning railroad rates can be gotten from your agent at the station from which you start.

Dr. O. H. Menees, of Nashville, is Chairman of the Committee of Arrangements. Write to him or me for any information about our meeting and we will promptly answer you.

Yours cordially,

D. E. NELSON, Secretary.

We are also pleased to submit the following programme, to which will be added other volunteer papers, reports of cases, etc:

PROGRAMME.

"Human Life," President's Address.—By C. W. Beaumont, M.D., President, Clarksville.

"Monkeying with Microbes."—By A. B. Tadlock, Knoxville.

To open discussion, G. W. Drake, M.D., Chattanooga, and Richard Douglas, M.D., Nashville.

"Genital Reflexes."—By C. Holtzclaw, M.D., Chattanooga.

To open discussion, W. Frank Glenn, M.D., Nashville, and Charles M. Drake, M.D., Knoxville.

"What Relation Does Dentition Bear to Disease?"—By T. P. Davis, M.D., Alexandria.

To open discussion, W. D. Haggard, M.D., Nashville, and D. F. Banks, M.D., Jordonia.

"Report of a Case of Extensive Scalp Wound."—By G. B. Gillespie, M.D., Covington.

To open discussion, G. A. Baxter, M.D., Chattanooga, and J. B. Murfree, M.D., Murfreesboro.

"Maritime and Interstate Quarantine."—By G. B. Thornton, M.D., Memphis.

To open discussion, J. Berrien Lindsley, M.D., Nashville, and P. D. Sims, M.D., Chattanooga.

"Typhoid Fever in Young Children."—By L. P. Barbour, M.D., Tracy City.

To open discussion, T. L. Maddin, M.D., Nashville, and J. A. Witherspoon, M.D., Columbia.

"Wounds of the Eye Ball."—By N. C. Steele, M.D., Chattanooga.

To open discussion, T. H. Wood, M.D., Nashville, and W. C. Bilbro, M.D., Murfreesboro.

"Whooping Cough."—By Wm. B. St. John, M.D., Bristol.

To open discussion, W. G. Ewing, M.D., Nashville, and J. F. Byrn, M.D., Murfreesboro.

"Traumatic Empyema."—By N. T. Dulaney, M.D., Bristol.

To open discussion, Duncan Eve, M.D., Nashville, and R. J. Trippe, M.D., Chattanooga.

Paper, the title of which I have not yet learned. By A. D. Scruggs, M.D., Knoxville.

"The Indications and Methods of Treating Uterine Fibroids."—By Richard Douglas, M.D., Nashville.

To open discussion, W. L. Nichol, M.D., Nashville, and R. B. Maury, M.D., Memphis.

"Report of a Case of a Tumor Complicating Delivery."—By T. J. Crofford, M.D., Memphis.

To open discussion, Thomas Menees, M.D., Nashville, and J. B. Cowan, M.D., Tullahoma.

"Retro-Flexio Uteri."—By J. R. Buist, M.D., Nashville.

To open discussion, W. G. Bogart, M.D., Chattanooga, and J. Bunyan Stephens, M.D., Nashville.

"Recurrent Pelvic Inflammation."—By W. W. Taylor, M.D., Memphis.

To open discussion, A. W. Boyd, M. D., Chattanooga, and W. M. Vertrees, M.D., Nashville.

"Uterine Displacements."—By J. A. Witherspoon, M.D., Columbia.

To open discussion, T. H. Marable, M.D., Clarksville, and J. C. P. Walker, M.D., Dyersburg.

"Report of an Interesting Case of Vaginal Hysterectomy."—By W. D. Haggard, M.D., Nashville.

To open discussion, W. T. Briggs, M.D., Nashville, and C. E. Ristine, M.D., Knoxville.

"Post-Partum Hemorrhage."—By J. H. Warmuth, M.D., Smyrna.

To open discussion, W. D. Haggard, M.D., Nashville, and Charles H. Brooks, M.D., Knoxville.

"Pyæmia."—By C. W. Womack, M.D., Chapel Hill.

To open discussion, J. S. Cain, M.D., Nashville, and C. Deadrick, M.D., Knoxville.

"Report of a Case of Congenital Fistula, Operation, and Cure."—By W. A. H. Coop, M.D., Dyersburg.

To open discussion, Richard Cheatham, M.D., Nashville, and S. S. Crockett, M.D., Nashville.

"Report of a Case."—By Duncan Eve, M.D., Nashville.

"Treatment of Indolent Buboes."—By W. B. Rogers, M.D., Memphis.

To open discussion, W. K. Vance, M.D., Bristol, and W. K. Sheddan, M.D., Williamsport.

A paper by R. J. Trippe, M.D., Chattanooga.

"Aids to Digestion." By L. C. Chisholm, M.D., Orlinda.

To open discussion, J. W. Penn, M.D., Humboldt, and A. J. Swaney, M.D.. Gallatin.

"Progressive Medicine and Surgery."—By John P. Blankenship, M.D., Maryville.

To open discussion F. H. Sim, M.D., Memphis, and T. R. Moss, M.D., Dyersburg.

"Diphtheria." By T. J. Happel, M.D., Trenton.

To open discussion, George R. West, M.D., Chattanooga, and Thos. M. Woodson, M.D., Gallatin.

"Report of the State Board of Medical Examiners."—By T. J. Happel, M.D., Secretary.

To open discussion, J. G. Sinclair, M.D., Nashville, and Deering J. Roberts, M.D., Nashville.

"Report of a Case of Tuberculosis of the Kidney, Ureter, and Bladder." By W. B. Young, M.D., Bon Air Coal Mines.

To open discussion, G. W. Moody, M.D., Shelbyville, and S.
d, M.D., Knoxville.
hat the General Practitioner Should Know of Eye Dis-
By F. T. Smith, M.D., Chattanooga.
pen discussion, Geo. H. Price, M.D., Nashville, and G.
age, M.D., Nashville.
sease of the Prostate Gland." By J. W. Handley, M.D.,
lle.

To open discussion, T. C. V. Barkley, M.D., Chattanooga, and C. S. Briggs, M.D., Nashville.

"Hypnotism and its Evils." By T. P. Crutcher, M.D., Nashville.

To open discussion, W. C. Townes, M.D., Chattanooga, and Paul F. Eve, M.D., Nashville.

It is not intended, in appointing only two members to open discussion on papers, to limit the discussion, but to see that each paper is properly discussed. All parties should see that the reading of their papers does not consume more than twenty minutes, as prescribed by the by-laws, so that all papers on the programme may be read, properly discussed, and that time may be given for any volunteer reports of cases or papers.

MEDICAL DEPARTMENT OF GRANT UNIVERSITY—CHATTANOOGA MEDICAL COLLEGE.—The annual commencement of this young and flourishing institution was held in the Opera House on the evening of March 15th, the large auditorium being completely filled by the elite of Chattanooga's population. A class of thirty received the degree of M.D., conferred on them by Capt. H. S. Chamberlain, President of the Board of Trustees of U. S. Grant University. Prof. G. A. Baxter, M.D., delivered a chaste and scholarly charge to the graduates, and Dr. C. L. Guice, one of the graduates selected by the class acquitted himself most meritoriously in his valedictory address. Prizes were awarded to H. McC. Harrison, of Tennessee, first prize, gold medal; O. M. Slater, of Illinois, received the second, and Wm. H. Harrison, of Alabama, the third prize. Rev. J. P. McFerrin delivered the annual address. The exercises were interspersed with appropriate musical selections by the Opera House orchestra. Prof. Baxter, Dr. Guice, and many of the students were handsomely remembered by their friends as the floral offerings testified.

THE COSMOPOLITAN MAGAZINE.—While writing with all the scientific knowledge of a great astronomer, Camille Flammarion in his marvellous story "Omega: The End of the World,"

whi h begins in the April number of The Cosmopolitan magazine keeps the reader at the highest point of excitement by his vivid description of the alarm and despair excited by the approach of a comet whose collision with the earth had been declared by astronomers inevitable. The description begins at a time when the business of the world has been suspended, and at a great mass-meeting held in the Institute of France, we hear the discussion of scientists as to the possibility of a second deluge, the drying up of all the surface water of the globe, or the total destruction of human life by cold, together with all the possible phases of death paralleled by the history of the moon. For scientific statement and sensational effect this characteristic production of French genius is unique, and the reader who reads this marvellous story—and if he begins it he will certainly finish it—will have assimilated without effort, a compact store of scientific knowledge. In this way, apart from its absorbing interest, this remarkable piece of fiction will have a distinct scientific value.

THE FORTY-FOURTH ANNUAL SESSION OF THE MEDICAL ASSOCIATION OF GEORGIA will be held in Americus on April 19th, 20th and 21st.

President, A. A. Smith, M.D., Hawkinsville.

Vice-President, Geo. J. Grimes, M.D., Columbus.

Vice-President, Robt. H. Taylor, M.D., Griffin.

Secretary, Dan H. Howell, M.D., Atlanta.

Treasurer, E. C. Goodrich, M.D., Augusta.

Every medical man in the grand Empire State should attend. Visitors from adjoining states will be cordially welcomed.

DR. BREITBATCH, of Badkrenscha, Dresden, Germany, November 17, 1892, says: I have tried Bromidia in a case of Insomnia, caused by severe neuralgia, and the result was most satisfactory. Before I prescribed this preparation the patient always asked for injections of Morphia, but never afterwards. I think that Bromidia will be of great service in cases where one wants to wean a patient from the habit of taking Morphia. I shall certainly continue to prescribe the preparation.

THE KLIP BINDER is a simple steel spring for the grouping to gether of pamphlets, magazines and journals. "It is a dandy." Try it my dear doctor and you will not be disappointed.

H. H. BALLARD, Pittsfield, Mass.

SALITONIA has been meeting with unqualified success in the treatment of gastric derangements and all those affections due to acidity of the system. This success has been attested to by the phenomenal growth of its sales. The doctor who does not prescribe Salitonia is a back number. As Bill Nye says, "Don't be a clam."

"FOR my female patients who have a painful flow or any irregularity in time and quantity, I prescribe Ponca Compound with the most satisfactory results. In fact Ponca Compound seems to me to be the ideal tonic and alterative for the womb and ovaries." PEARSON CHAPMAN, M.D., Perryman, Md.

"ITS ACTION IN LABOR."—Antikamnia is prompter and more decided in its action in labor than opium, and has none of the unpleasant after effects. It may be continued in smaller doses to control after pains, and rather favors than interferes with the secretion of milk.

J. B. RILEY, M.D., St. Joseph, Mo.

ALBEMARLE CHEMICAL CO.—Dear sirs: Will you send me, one ounce of Therapine? I find it an invaluable remedy in controlling the premonitory symptoms of La Grippe, an excellent antipyretic, and in all respects satisfactory.

Yours truly,

WILSON SAFFIN, M.D.

THE WOMAN'S MEDICAL JOURNAL, monthly, devoted to the interest of women in the medical profession is a new candidate in the field of periodical literature. It is a very neat, well edited and printed octavo of twenty-four pages, edited by E. M.

Roys-Gavitt, M.D., Editor in Chief, with Claudia G. Murphy, Managing Editor and is published at Toledo, Ohio. Subscription price $2.00 per annum. From the two numbers that have appeared it certainly deserves success, and we cordially welcome it to the journalistic fold, and wish it as we do all womankind, the most unbounded prosperity.

McArthur's Diary, for 1893, is the title of a very handsome-like brochure for the vest pocket, containing much valuable information, epitomized for the use of physicians. If you have not received one write to the McArthur Hypophospite Co., Boston, Mass, and they will send you one for the small sum of twenty cents.

Bromidia is superior to all other hypnotics, and is free from all unpleasant effects.—*Dr. Albert Ritter Von Chrzasczewski, of Sambos, Galicia, Austria, Nov. 28th*, 1892.

Inflammatory Rheumatism.—Dr. W. V. English, of Keokuk, Ia., reporting on a case of this nature, writes:

During the past winter a remarkable case of inflammatory rheumatism came to my attention, which was remarkable for its persistency in constantly growing worse while under the lines of well established treatment. Not a whit of encouragement came from the treatment until the patient was confined to Tarrant's Seltzer Aperient as a neutralizer of the cause. Success complete crowned the effort. It is a sensible treatment including the principles of whatever therapeutical means we would employ.

Promt payment of your subscription will enable us to get out a better journal—do not forget it. We desire to call the attention of a few of our readers to this fact, who have neglected to send in the amount due for the journal. Remember that it not only takes work to get up a medical journal, but the printer, the book-binder, the paper makers and Uncle Sam's postal officials must be paid for their part of the work. This is

an absolute essential and we sincerely hope that those of our readers who have forgotten that "any time is no time" will at once forward the amount due as shown by enclosed slip which they will find just inside the mailing wrapper. The date to which they have paid is plainly marked on the outside of the wrapper.

DR. ANGELO FESTORAZZI says: It affords me great pleasure to be able to say that in giving my experience in the administration of the "Three Chlorides," R. & H. I can express myself but in terms of praise.

I prescribe it mostly in afflictions of a specific nature where an alterative tonic is called for, in some skin troubles and chlorosis, always with happy results. I always recommend it and hope its use will become more general.

Mobile, Ala., March 30, 1892.

LISTERINE.—No better preparation has yet been offered the medical profession—it has stood the test of time, and oft and repeated trials and is more and more appreciated. It is truly as claimed, a non-toxic, non-irritating and non-escharotic antiseptic —yes, the very ideal of an antiseptic, as verified by statements of prominent physicians, surgeons, obstetricans, gynecologists, dentists and all other specialists.

Reviews and Book Notices.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY AND DERMATOLOGY. By various authors. Edited by PRINCE A. MORROW, A.M., M.D., Clinical Professor of Genito-Urinary Diseases, Formerly Lecturer on Dermatology in the University of the City of New York; Surgeon to Charity Hospital, etc. With illustrations; in three volumes. Vol. 1, Genito-Urinary Diseases. D. APPLETON & Co., Publishers, New York. 1893. Price in cloth, $6.60; sheep, $7.50; Morocco, $8.00.

To the systems of medicine, surgery, obstetrics and gynecology, we now have added a most magnificent, full and complete sys-

tem of genito-urinary diseases, syphilology and dermatology, edited by one who is a recognized authority in those special and important lines. Among the authors of these articles are to be found the names of men who have obtained more than prominence.

From the preface we quote "It was impressed upon each contributor that, while his article written from his own individual standpoint, the work was designated to be, first of all, thoroughly practical, and adapted to the wants of the general practitioner as well as the specialist." This has been fully and most satisfactorily accomplished.

Dr. Geo. Woolsey leads with the initial article on the anatomy and physiology of the genito-urinary organs—clear, concise and well eludicated by graphic illustrations. The diseases of the penis are considered by Dr. Ramon Guiteras; diseases and injuries of the Urethra, by Dr. F. Tilden Brown; Ætiology of Urethritis, by S. Lustgarten; Gonorrhœa, by Dr. Geo. Emerson Brewer; gleet, by William K. Otis; endoscopy, by Herman G. Klotz; gonorrhœal ophthalmia, by Joseph A. Andrews; gonorrhœal rheumatism, by Frank Hartly; gonorrhœa of the rectum, nose, mouth, ear, umbilicus, and axilla, by James P. Tuttle; stricture of the urethra, by J. William White; diseases of the prostate, by W. T Belfield; functional disorders of micturition, by Joseph D. Bryant; diagnostic significance of pathological modifications in the urine, by Eugene Fuller; urinary fever, by J. A. Fordyce; cystoscopy, by Willy Meyer; the cystites, by Samuel Alexander; injuries and diseases of the bladder, by George Ryerson Fowler; rupture of the bladder, by Alexander W. Stein; tumors of the bladder, by Francis Sedgwick Watson; stone in the bladder, by Arthur T. Cabot; surgical diseases of the kidney, by Lewis A. Stimson; tuberculosis uro-genitalis, by John P. Bryson; diseases of the scrotum, by Charles W. Allen; diseases of the testicle, by John P. Bryson; hydrocele and spermatocele, by John A. Wyeth; varicocele, by Edward L. Keyes; diseases of the seminal vesicles, by Paul Thorndyke; functional diseases of the male sexual organs, by Prince A. Morrow; gonorrhœa in the female, by Andrew F. Currier.

We have neither time or space, nor is it necessary to go into a ull and complete review of the several articles—the mere men-

f

tion of their authors is quite sufficient to recommend this most valuable contribution to the medical literature of 1893 in the highest terms. It is hardly possible for a more valuable or important work to be placed before medical readers.

The mechanical execution ot the work is in full keeping with its high standard of literary excellence.

THE YEAR BOOK OF TRATMENT for 1893, a Critical Review for Practitioners of Medicine and Surgeons, 8 vo., cloth, pp. 496. LEA BROS. & Co., Publishers, Philadelphia. 1893.

This the ninth edition of this valuable compilation of the progress of medicine and surgery is fully up with, aye, and even in advance of its predecessors. In addition to the usual subjects treated by such clinicians and observers as J. Mitchell Bruce, M.D., Alfred Cooper, M.D., M. Handfield Jones, M.D., Reginald Harrison, F. R. C. S., Edmund Owen, F. R. C. S., and seventeen other collaborateurs of equal prominence, we have two additional articles, "Anæsthetics," by Dr. Dudley Buxton, and "Public Health and Hygienne," by W. H. Corfield, M.D.

It is a complete, thorough and practical compilation of all that was attained in medicine during the past twelve months. A full and complete index makes it very convenient for ready reference.

KIRKE'S HANDBOOK OF PHYSIOLOGY, by W. Morrant Baker, F. R. C. S. and late Surgeon to and Lecturer on Physiology at St. Bartholomew's Hospital, etc.; Vincent Dormer Harris, M.D., London, F. R. C. P., Examiner in Physiology at the Conjoint Board of the Royal Colleges of Physicians and Surgeons and in University of Durham, Demonstrator of Physiology at St. Bartholomew's Hospital, etc. Thirteenth edition with upwards of 500 illustrations, including some colored plates. P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia, Pa.

More than a third of a century ago was placed in my hands by my preceptor "Kirke's Physiology" with the remark "to read, learn, mark well and inwardly digest." During all these years with its successive editors it has been the medical student's *friend*. Dr. Kirke has long gone to his haven of rest, but Mr. Baker and Dr. Harris have perpetuated his honored memory and honorable life by editing the thirteenth edition of "Kirke's."

The book has been thoroughly revised and enlarged. It is intended for the student in medicine, preparing himself for a general course, more than for who desires to investigate the subject in detail. It has many advantages over the larger and more elaborate works in the concise, yet comprehensive manner in which the facts are presented. The student will find it more serviceable for college work than the larger works on this subject.

It is not an epitome, yet it has for years supplied a place that the larger and more voluminous works of other authors could not fill, and is truly a most concise text-book. We gladly welcome this handsome and most excellently developed form of the friend of our student days. The illustrations by Mr. Danielsson are magnificent.

DISEASES OF THE NERVOUS SYSTEM, a Text-Book for Physicians and Students. By DR. LUDWIG HIBT, Professor at the University of Breslau. Translated, with permission of the author, by AUGUST HOCH, M.D., assisted by FRANK R. SMITH, A.M. (Cantab.), M.D., Assistant Physician to the Johns Hopkins Hospital. With an introduction by WM. OSLER, M.D., F. R. C. P., Professor of Medicine in the Johns Hopkins University, etc., etc., 8 vo. cloth, pp. 683, with 178 illustrations. D. APPLETON & Co., Publishers, New York. 1893.

I do not know that I could better show the importance and value of this most excellent contribution toward elucidating the intricate and serious problems pertaining to nervous diseases than by the following extracts from the "introductory note" by Prof. Wm. Osler, one who has long occupied a position that makes hi statements authentic and authoritative.

He says; "Early in 1890 my attention was called by Dr. Weir Mitchell to the first part of Prof. Hirt's Hand-buch der Mervenkrankherten, which he characterized as an exceptionally well arranged and thorough work on diseases of the nervous system. The completed work seemed in many respects so admirable a text-book that I wrote to Prof. Hirt and asked his permission to have it translated.

The arrangement of the subjects to which the author refers in the papers, though somewhat novel, is justifiable and certainly satisfactory; and it is a distinct advance in classification to place tabes dorsalis and dementia paralysis among the diseases of

the general mervous system, instead of in the sections of diseases of the cord and diseases of the brain respectively.

The fact which makes the work of value to the teacher, the student, and the practitioner, is the graphic description of the anatomy and symptomalogy of the different diseases. Where all is good it is invidious to select, but the chapter on tabes is an illustration of our author's lucid and at the same time thorough treatment of his subject. The various affections are treated also from an advanced modern stand-point; conflicting theories and passing observations are submitted to a wise criticisms through which the author's own large and varied experience is very apparent. An attractive aspect of the work is the excellent character of the illustrations, which, as they are in great part original, will be a pleasing relief to the hackneyed cuts which have for so long passed from book to book in English works.

Pursuing the *via media* in the important question of treatment, without displaying the pessimism which too many maladies of the nervous system would seem to justify, nor an optimism so flagrant as to savor of quackery, Prof. Hirt is a safe guide in the highways and byways of neuro-therapeutics.

And, lastly, I think the author has been fairly handled by his translators, who, bearing in mind the admonition of Dryden: 'not to lackey by the side of his author, but to mount up beside him,' have given a clear and interesting rendering of the original."

MINERAL SPRINGS AND HEALTH RESORTS OF CALIFORNIA, with a Complete Chemical Analysis of every Important Mineral Water in the World. A Prize Essay Receiving the Annual Prize of the Medical Society of California. By WINSLOW ANDERSON, M.D., M. R. C. P. (Lond.), M. R. C. S. (Eng.), Joint Editor of the Pacific Medical Journal, Assistant Chair Medical Chemistry and Materia Medica in the Medical and Dental Departments of the University of California, Member of the International Congress, Member of Congress of Hygiene and Demography, of the American Medical Association, of the California Medical Society, etc. 8vo., cloth, pp. 384. Handsomely Illustrated. Published by the BANCROFT COMPANY, San Francisco, Cal. 1892.

Dr. Winslow Anderson has given us a very interesting and valuable book, containing full particulars of the numerous mineral springs and health resorts of that wonderful section bordering

on the Pacific Ocean. The springs of California have been alphabetically arranged, with a sketch of their surroundings, notes of travel, etc., to facilitate ready reference. The analysis of the foreign and several of the local springs have been obtained from every available source that was regarded as authentic, to each analysis the name of the analyst being appended whenever attainable.

The work contains the names of over two hundred California springs, with about one hundred analyses, and two hundred analyses of famous American and foreign springs. Short sketches have been introduced on the fertility and natural productions of California, its history, climate, comparative thermometer tables, rainfall, etc., showing that this wonderful State compares favorably in regard to health resorts with the most famous sections of the old or new world.

It is well written, handsomely printed and bound, and its numerous illustrations are very attractive. Take it all in all, it is a most interesting and instructive book.

LISTERINE. 8vo., cloth, pp. 32. Published by the Lambert Pharmacal Co., St Louis, Mo. 1893.

This handsome little publication gives a full and complete statement of the properties of this valuable non-toxic, non-irritating, non-escharotic and true antiseptic so long and so favorable known as Listerine. Its antiseptic, medical, prophylactic and hygienic properties are first considered, followed by a statement of its use in obstetrics and gynecology, in surgery, in genito-urinary diseases, in respiratory diseases, in diseases of the eye and ear, in zymotic diseases, in cutaneous diseases, in disorders of digestion, in dentistry, together with the statements of many as the leaders in these various departments of to its value and merit.

DIOVIBURNIA is par excellence the remedy for relieving Dysmenorrhœa and Lecorrhœa. See last advertising page.

THEODORE METCALF CO.'S advertisement, on next last page, is well worth reading.

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Original Communications.

HUMAN LIFE.*

BY C. W. BEAUMONT, M.D., OF CLARKSVILLE, TENN.

When, in meditative mood, we look abroad upon the visible universe, with what a sense of mute amazement and reverence do we behold the infinite variety of form and texture the elements of matter are made to assume? Equally striking in the very small and the very great objects of creative energy; in the blade of grass we carelessly tread under foot and the glorious sun that awakes it from the sleep of winter to renewed verdure and fragrance; in the peopled earth and the more populous heavens; in the system on system of worlds which above, beneath and all around us, have from age to age unceasingly whirled to the music of the spheres. With no less interest do we perceive the existence of one great and universal law—quite apparent to every

*Annual Address of the President of the Tennessee State Medical Society, at its Sixtieth Annual Meeting, held at Nashville, Tennessee, April 11, 12 and 13, 1893.

observant mind—the law of antagonism, under whose operation a perpetual struggle goes on between the opposing forces of good and evil, life and death, development and decay. In whatever direction we turn, this unceasing conflict is going on with unfaltering energy throughout the animate, the inanimate, and in the spiritual world also; and, as these principles affect the natural or the spiritual world, they assume different outward manifestations, while the principles themselves, unaltered and unchangeable, are everywhere wrestling like athletes for supremacy. So we see the opening blossom striving with the sere and withered leaf, the swelling stream with the enduring hills, death and decay in the effort to destroy, life and development to build up and renovate with kindly benediction.

Returning from such a mental excursion, and concentrating the wandering thoughts within us, how suggestive are they of the subject for this annual occasion, a subject as high as heaven, broad as the earth, and deeper than we can dare to delve, the problem of human life.

Whence, and what is human life? Man's origin and natural history are so inseparably connected with that of the earth upon which he dwells, that it is indeed difficult to consider the one while excluding the other.

There is one account, and the only one bearing the semblance of authentic history, and that one is generally accepted throughout Christendom and known as the Mosaic record. According to this account, in the beginning, that is, about six thousand years ago, the earth and all it contains was created in six days; first, the earth itself; and, next in order, the vegetable or plant form, and then the lower orders of animal life; and thus, the earth having been prepared for his sustenance, man, the crowning glory of all, incomparably greater than the world which maintains him, or any and all the innumerable worlds, visible and invisible, which occupy the immeasurable and illimitable space in which their orbits are fixed, because in His own image created He him. Out of the dust of the earth was he formed, and, when the spirit of life was breathed into him, he became a living soul, and to him was given dominion over all things on the land and in the sea. Then man stood forth erect, and at once complete, and walked upon the face of the earth monarch of all he surveyed.

To this account of man's origin modern scientists have urged several grave objections, of which may be mentioned that it is quite impossible for even Almighty power to create something out of nothing, and that six solar days was too short a time, and the acts of creation as described were too sudden and rapid for such perfect results, that the Mosaic account of the creation existed only as tradition for more than one thousand years after Moses before it was made a matter of record, and at best it can be regarded only as one of the most brilliant allegories in all the history of letters. But, notwithstanding these objections, it will be accepted, hereafter as now, because of its simplicity, and its incorporation in the book of canonical scripture.

There is another account of man's origin, founded on a theory, and which theory certainly contains, between its premises and its final conclusions, as much patient and laborious study of accumulated facts, and as many carefully conducted experiments, all classified and reported under the most rigid rule or laws of modern science as may be found in any department of modern research. Evolution is adding daily to its list of supporters amongst the scientists of both hemispheres, and in the several departments of research, including those of theological schools of learning.

It may not be uninteresting to take a brief glance at the theory of evolution, that it may be compared with the account already given. Both of which agree in this: that man's origin was from the dust of the earth and equally miraculous.

According to the theory of evolution, it is claimed that the facts obtained by the geologists in the investigation of the surface of the earth and its crust, so far as yet penetrated, supported as they are by the Palæontologist discoveries, would show that at least two hundred millions of years of existence of the earth are necessary to have wrought the changes recognized in its present state. These changes are admitted to have supervened upon the original state or condition of molten matter. A period of time which is totally beyond the appreciation of the human mind, and which defies even imagination itself, and would it not be as well to say at once that there never was a time when the earth did not exist. If, then, so many millions of years were required to bring the earth to its present condition,

it is not surprising that only eighty-six thousand years were required to evolve man from an original primordial cell.

Taking the monera, the primordial cell of Haeckel found in a mass of albumen some where on the earth's surface, and accordingly we have this cell, already endowed with motion, attracting to itself other cells, or itself being a dual existence, it gradually acquires other functions, and of course other organs, until in time it becomes attired with lungs and heart, and a nervous system, and next with fins, and so on through the catalogue of organs and functions added, until the final result is man from an ape.

Now there are at least two or three objections to this theory of the origin of man, and they are briefly stated in the following terms. That it is contrary to all the teachings of the most advanced philosophy and physiology, that a life, either plant or animal can come into existence spontaneously, but is necessarily preceded by a being of its own type. If man be descended from the ape we ought still to see the human race springing in its own original purity from the loins of a father ape. But this is not and has not been observed as a fact during the last six thousand years at least.

The law of selection, natural and sexual, will not account for this great hiatus in our ancestry. If, therefore, man was originally descended from the ape, why is he not still being born of the ape, and why has the law of evolution now, and for so many centuries past, in this respect alone, been suspended or annulled. Another important objection is that evolution has failed to indicate the time when in this prolonged process of development the soul took up its residence within the body of man, and the manifestations of such union.

Then it is clear enough that whether we are content with either of these methods of our origin or not, we have an ancestry running further back than we are either able or willing to attempt to trace from a social or national standpoint.

Of the second part of our proposition, What is human life? It may be said that it is a principle, an unknown and unknowable mystery, an inheritance reaching backward far as time itself, it is motion, atomic and somatic, sprung from an ancestry likewise endowed. It is the immediate offspring of death, and

when the one ends and the other begins is not known. A grain of wheat which has lain a thousand years in the catacombs of Egypt, giving no sign of life until brought forth and exposed to the warmth and moisture of the earth's surface, with the decay of its body springs up the living germ. Thus we see at once that life is the cause and consequence, the parent and offspring of death.

Philosophy has established the truth that not an atom of matter has ever been or can be destroyed—forms and places of matter are by natural laws continually being changed, but it is never annihilated. Our bodies are said to die and are resolved into the original elements of earth from which they are derived. The dead body is doomed to decay so complete that not one atom exists as it did in the living state, and is again positively inorganic matter.

But this is not the last of the human body, for next to God himself, it is the most wonderful and inscrutable existence in all the universe; it too, is immortal, and from its decomposed elements, it shall have a most beautiful resurrection in the form, it may be, of a blade of grass, the lilly of the valley, the fragrant wild rose of the hill top, or the remedial jessamine.

Passing thus from animal life i. to the inorganic elements of inert earth, and thence into plant life and then back again into the animal organism, and so on and ever while earth endures will the resurrection of the physical body be exemplified year by year and day by day, in changes of form by which it returns to life and sunshine.

It requires no stretch of imagination to conceive the idea that atoms existing in living bodies of to-day, may centuries ago have in part made up the forms of king and peasant, queen and loathsome leper, the lion and the serpent.

In his normal state or condition man exhibits a personal trinity, since he combines in one being three groups of inherent and and essential qualities, either of which being abolished or absent he becomes extinct or irresponsible. These several groups of qualities may be designated as animal or physical, mental or intellectual, and the moral or psychical faculties.

Man comes into the world a mere animal, the most utterly pitiable and helpless being of the animal creation. Unlike the

lower orders of the mammalia, he seems at birth to be without even their instinctive faculties, without the power of locomotion, he is incapable of seeking the natural means of gratifying the sense of hunger and thirst. If food was not placed within his lips he would quickly perish from inanition. As an animal properly nourished his body grows apace, and with its growth and the power of locomotion he gains by experience and develops certain faculties of instinct with which the lower orders of animals are born.

Who can say just when and how the mental and moral faculties begin to develop. Certain schools of theology teach that man is born with soul already united with the body. He certainly exhibits for a considerable time after birth none other than merely animal qualities. Without dwelling upon the stages of growth to maturity, we will consider the adult man in his three aspects of life.

The lowest phase of human life is to be found in that great mass of men, who live only to gratify the natural appetites of passions which inhere to the body. It is unnecessary to go to the most barbarous tribes of earth to illustrate this point. Such constitutes the vast body of mankind, even of the most civilized of nations. They crawl into the world as do other animals, they eat, and drink and sleep, and know nor care to know aught else than that this is what they were made for, and having consumed all that was possible they go to sleep in potter's fields, or wherever mother earth in her charity will receive them. In this large class of human beings, the mental and psychical faculties are in a state of undeveloped abeyance.

Even under our peculiar form of government class distinctions have not been avoided, neither indeed can be since man is essentially a gregarious animal. Therefore the separate classes are distinguished by the preponderating influence of one or other of the groups of qualities, which, being active or silent, determines the relation of individuals to the whole.

A proportion, which is difficult to estimate, but who are devoted in the various departments of mental culture, to the improvement of self, and through self to the advancement of others, in science, art, finance, government and morals, naturally separate and associate themselves together. It is very evi-

dent, that the more laboriously one is engaged in such pursuits, the further is he removed from the more sordid motives actuating the animal class.

But, when man is studied as a whole and complete being, with his animal, mental and, moral qualities all developed, we may have a reasonable idea of what is human life. It is apparent that mentality is developed pari passu with the body—that is, as the body grows with time, year after year, with increasing experience, the mental faculties are evolved, and herein consists and is alone found man's likeness to the Creator. Images of persons and things are not always accurate, but vary with the talent and skill of the operator. Just in proportion as man exhibits creative energy and skill, whether it be by the invention of a cotton-gin, a steam engine, or a telegraph system, does he approach more nearly to the image of God.

The third and last group of qualities, characteristic alone of mankind, are those whose phenomena are exhibited in his moral and emotional behavior by that mysterious something spoken of as the soul. Invisible, intangible, and imponderable, it enters the human body alone, and departing from it, the body is left a mere mass of inorganic earth. Although we cannot see and handle it any more than we can see and handle atmospheric air which we know exists when we hear the soft notes of the Æolian harp, or see the mighty force of the irresistible hurricane as it levels the majestic forest and the stately city, we are conscious that it is the power governing our thought, and directing the voluntary movements of the body, and hence of its actual existence. Its inexplicable relation to the mind and body will never be understood by us, and we must be content with the reasonable knowledge that the soul is an entity, since it is absurd to say that nothing can act upon and move a truly physical body. Then, if matter cannot be annihilated, how can the soul which actuates the body during its life, and which alone elevates man to a higher and governing position far above all the rest of the animal world, become extinct. Like the body, the soul is a complex existence, including the mental and psychical faculties, and these in their innumerable combinations serve to distinguish individual character. Out of the countless millions of individual men on earth it is impossible to find any two precisely alike,

in their physical, mental or moral qualities, as to find two leaves on a forest tree of exactly the same form.

All these qualities of the soul known to us only during its combined existence with the body as an individual creation, cease with the somatic death of the animal body. Human life is thus seen united in a most intimate relation of material and spiritual elements, the physical or animal body capable of, and doomed to necessary decomposition and resolution of its material atoms, is after the departure of the spirit of life, nothing more than a mass of inert dust and ashes.

Having now seen human life in a state of trinity, the physical or animal being the mere agent or instrument through which the intellectual and psychical faculties communicate between individuals, and admitting the principle of common law that the acts of the agent binds the principal, it is clear that the acts of flesh are as well those of the moral being. Accordingly the three classes into which we have divided mankind, perform the functions of the three groups in various degrees of combination. The sensualist seeking to gratify only the animal appetites and passions, while the highly cultivated or mental, coöperating with the sensual, the moral being dormant or suppressed, we have the mad struggle for power, wealth, and all that makes one supremely selfish. In the superior class, in which the two lower groups are subordinate, we have developed the highest order of men, in which alone may be found genuine altruism.

But truly, inasmuch as the two lower groups are so generally mixed, we may define but two great divisions of mankind, one marked by charity or love, which is the sum total of all excellence, and in accordance with a general law every individual, and every human organization is animated by truth or error, selfishness or charity, thus promoting or destroying the happiness of themselves and others.

Search the world over and no where is to be found a class of men so self-denying, so self-sacrificing of personal convenience and comfort, as are those of the medical profession. They minister to suffering and diseased fellow beings without stopping a moment to count the cost—the indigent pauper receiving the most careful and skillful attention as the most wealthy in the community. Neither hoping or expecting compensation, he ren-

ders the service as gently and conscientiously as the priest ministers final consolation to the soul. This fact is not at all fully appreciated by the laity, some of whom complain of the physician's exorbitant charges.

Summing up the preceding argument we have shown that the origin of human life is still a question, and its substance a matter of dogma. If human life be what is commonly asserted of it, that it is just what we may make it, is to make each individual responsible for the falsities in the precepts and examples of those under whose influence and direction he commenced life, and the many varying conditions of his environment. Each and every individual human life is really formed and sent into the world in a character more or less the result of the operation of other characters upon it, and it is idle to ignore the surroundings of any one in their formative stage of being. Thieves and murderers influence the growing child, mental culture will do the same, and psychical or moral will exert its power, but its sphere is limited, and the error promoted by the others, it is hard to discover and harder still to neutralize, and then to grow upon and improve.

Human life then is a complex existence with as many variations of character as there are individuals in being, with certain qualities of three groups common to all, and as many variations in the combination of these groups, as there are individuals in existence.

Therefore, while we may not see as many as are desirable, who illustrate in their lives the highest type of human life, we recognise a number of sufficient examples of what life ought to be.

Truth personified is the fittest expression of an exemplary life —an individual who throughout life, is true to himself, true to the community of which he is a part, true to the civil government, and true to nature and nature's God is worthy to be held as a model life, to be pointed out to the rising generation as an object lesson. Imagine a community wholly guided and governed by that supreme virtue, the corner stone of the fabric, the center of the system of civilized society

Truth, which deals plainly and honestly in all things, without hypocrisy, without dissimulation, comprehending all that is wise and good. Truth, to whom all other virtues willingly pay

homage, is the only sure foundation for that mutual confidence, and the real bond of association amongst men. By the light of truth we may correctly value all other virtues, and acquire clear and accurate perceptions of duty, and comprehend the law of charity and its sympathizing voice of love. It's robe is the spotless vestment of sincerity, snowy white, and lustrous—it is an attribute of the Deity, and infinite as the firmanent above us, and yet attainable to man. Without it, our social system would be like our solar system without the sun. There to-night are the towering mountains, the still brown-colored valleys, the gushing springs, the broad expanse of ocean, lifting its white-capped billows to the embrace of the skies, while laving the golden sands of a thousand isles, but over all rests the shadow of darkness. The mountain has no greenness; the lovely flowers in the enameled valley wear the somber hues of death; the waters sparkle not, and the sandy shores give back no waving lines of reflected light. But, when the sun shall have arisen, blazing with more than royal splendor, all objects stand out in beautiful form and loveliness.

So truth, the great central source of moral and mental life, rising from the darkness of the middle ages, diffuses benign influences to enlighten and refine human life. Contrast the abodes of error with the delightful habitations where truth prevails in unclouded beauty, and where every heart beats responsive to its decrees. Truth, like the vital principle in the material world, develops its own forms, whilst error lives in the ever changing garb with which the fashionable present wraps it. Truth is content with the form of a little seed, while error seeks all the pomp and pageantry that art and wealth can obtain; and as the little acorn builds for itself a home to beautify the forest more magnificently than the gorgeous palace of an emperor, and which shall flourish in strength and beauty long after the marble hall of error shall have crumbled into nothingness.

Truth is ancient with a pedigree running back through all the past centuries of time to the ancient days, and yet the frosts of age has not withered its locks. It is unerring, and philosopher and statesman, theologian and scientist have fixed upon it as the guiding star to lead them through the mazy labyrinth of doubt. It is purer than the fairest form of vestal modesty, for

confusion's blush kindles not her cheek with evanescent glow of shame; nor the glorious sun, for there is no spot upon its face; nor the snow-drop, whose trembling atoms climb upon his beams to the gloomy brow of winter, and twice refined comes floating back to spread its silver drapery over the desolation of nature's year.

Truth is triumphant, and like a great conqueror, when all its enemies lie scattered like the leaves of autumn, it keeps the field, setting up its trophies of victory over the land and the sea, ever opposed, but never dethroned; it commands the peace, and the furious elements are stilled. It is eternal, as when the earth, wearied with its prolonged existence to the two forces which keep it in its orbit, trembling with the infirmities of age and dizzy with the whirl through many centuries, shall totter and fall from her accustomed orbit, and the moon, like an orphan shall wander through untrodden depths of space seeking for its lost companion, and when with the astonished stars be dissolved in the fervent heat that shall melt the elements in a final destruction, truth, surviving death and time, waving a torch that will flood the lessening gloom with everlasting light, will return to the bosom of its uncreated author. With such an armament, individual human life cannot fail to be other than a blessing to others.

AN EXCELLENT COMBINATION OF VEGETABLE ALTERATIVES.

BY DEERING J. ROBERTS, M.D., OF NASHVILLE, TENN.

Among the recent additions to the many valuable proprietary medicines is *Verrhus Clemiana*, made by the Clemiana Chemical Co., of Atlanta, Ga. Our attention was called to it during the past year by a concise but very practical article in *The Doctor's Weekly*, by Thos. H. Manley, M.D., of New York, Visiting Surgeon to Harlem Hospital. He stated that he had "extensively employed this compound in many cases of chronic, tubercular, grandular and bone diseases, besides other wasting mala-

dies, with excellent results." It is composed of equal quantities of *Clematis-erecta* (upright virgin's bower), *Prinos Verticillatus* (black alder), *Fraxinum Americana* (white ash), *Rhus-glabrum* (smooth sumach), and one-eighth of one per cent. of *Venanatic acid*, (obtained from rhus venenata). "It was originally elaborated in the Southern States," says Dr. Manley, "by members of the medical profession, as a substitute for mercury and potassium iodide, when all pharmaceutic supplies were shut off by the blockade and the advancing lines of the enemy."

Having tried this preparation for some months, in quite a number of cases, I beg leave to report the following, in which the results were very satisfactory and are quite typical of numerous others, a report of which would be but mere repetition.

Mrs. S. V., white, married, æt 26., weight originally about 140 pounds, reduced to 110. Eighteen months previous was treated for ulceration of os uteri, accompanied by leuco-purulent discharge—had a short attack of fever followed by a vascular eruption on face, breast and abdomen. At that time was living in Memphis. Inguinal glands on one side had been indurated and were still somewhat enlarged. Consulted me September, 1892, for a maculo-squamous eruption of coppery color on neck, breast, lower part of abdomen and just behind each ear. Had never received specific treatment—but had used tonics, as iron, phosphoric acid, elixir cinchona, etc., and hypophosphites. First placed her upon hydrag. proto-iodide, ¼ gr. ter in die, gradually increased until in six weeks she was taking two grains per day. Bowels became somewhat irritable, and she was then placed upon potas. iodid., five grains, ter in die, increased gradually until ʒ ss. was given three times daily. Iodism well marked, yet there was but little improvement as regards the eruption, which was treated locally by various combinations of mercurial and other unguents and cerates. Abandoned the iodide last December and placed her upon Verrhus Clemiana, teaspoonful three times a day, an hour before meals, with Camm's Emulsion of Cod Liver Oil f ʒ ss. just after eating. The eruption was treated locally with Campho-Phenique f ʒss. Ung. Hydrarg Nitratis ʒ ij, Ung. Rosæ ʒ vi. ms. ft. Ung. Apply night and morning; also a good hot bath of at least 101° to 103° every third day.

In one month the eruption had markedly improved, and before the middle of the following month, had entirely disappeared. She has gradually gained in flesh, her weight being at last examination (March 10), 138 pounds. Possibly the preceding mercurial and potash treatment may have had something to do with the result obtained, but it certainly was not manifest until after several weeks use of the Verrhus Clemiana. Advised her to use the Verrhus Clemiana thirty days continuously in each ninety days for at least a year or more.

S. M., colored, female, æt 20, scrofulous induration and enlargement of cervical glands, some of which had suppurated and had been discharging for three mouths past. Somewhat emaciated, appetite poor and capricious, night-sweats, bowels alternately constipated and loose—sometimes troublesome diarrhœa. Placed her upon Verrhus Clemiana and Syr. Sarsaparilla aa f ʒ vi. ms. One dessert-spoonful three times a day. Gave also alternating every two weeks Syr. Hypophosphites Comp. (Robinson's) and Camm's Emulsion of Cod Liver Oil. Within three weeks the suppurating glands had healed, and at the expiration of two months on this line, the induration and enlargement had completely disappeared, gained at least twenty pounds in weight, appetite good and bowels in a normal condition.

J. B., white, male, æt 53. Had an ulcer on antero-lateral surface of left leg, mid-way between knee and ankle, three and one-half inches long by two inches wide, existed for three years. I had treated him for three months with adhesive strapping, elastic bandaging and a variety of stimulating and escharotic local remedies, together with alteratives and reconstrutives without relief. Placed him upon Verrhus Clemiana, one teaspoonful just before each meal and at bed-time. Cleansed the ulcer with Hydrogen Peroxide (Marchand's), applied aristol locally, covered by a thin layer of absorbent cotton from toes to knee. Entirely healed in a few weeks.

In addition to these three illustrative cases I have treated quite a number of others of similar character in last ten months with this preparation with equally satisfactory effects. Furthermore I have found it especially valuable in cases of Psoriasis and eczema that had long resisted other well-known measures of treatment.

Knowing that there are a few would-be "dilletanti" in the profession who, with a Pharisaical idea, utterly taboo and decry all proprietary medicines, I desire to say a few words in conclusion. Proprietary medicines are not "secret or patent" medicines. The name alone is copyrighted. Thus the Clemiana Chemical Co. have copyrighted the name under which they prepare and sell their valuable combination of vegetable alteratives and tonics. Battle & Co. have copyrighted the names of Bromidia, Iodia, Papine, etc.; Lambert Pharmacal Co., their standard preparation of Listerine, Fellows, Robinson-Pettett Co., McArthur and others have copyrighted the names of their special preparations. This does not prevent or prohibit anyone from formulating, prescribing or using identically the same ingredients, either as to quality or quantity—but it does proscribe your using the name of "Bromidia," "Listerine," etc.; this and nothing more. "Then why not so prescribe or formulate?" says one. Simply from the fact that in the entire State of Tennessee I doubt that you can find more than one dozen druggists who will put up your formula as definite in strength, or as elligible for administration as can the owners and manufacturers of these copyrighted articles. I am confident that there are but few prescriptionists in this city who could do so; and even in the event that they could, it would be at a cost to the consumer of fifty to one hundred or possibly two hundred per cent. more.

I have never felt it my duty to work to the interest of any druggist; but have always recognized the imperative duty to use every means that I could lay my hands on that would relieve pain, suffering, disease, or prevent death in any patient confiding in my care. Regular medicine is justified in the use of all and every means in the battle with disease.

If a manufacturer has been able to so enhance the value of any remedy or series of combined remedies under a special designation, has obtained an established popularity with both physicians and patients for his combination, he is certainly entitled by the laws of the land to *copyright* it. I do not feel disposed to "kick against the pricks," and recognizing that "proprietary compounds" are a distinct advance in pharmacy, believe in them, and will use them, especially when I can accomplish good by so doing.

AMENORRHŒA, WITH LATERO-FLEXION OF THE UTERUS.

BY DOUGLASS HAYES, M.D., OF SHELBYVILLE, TENN.

I was called to see Sarah S., aged 18, single. Commenced at the age of 15 to menstruate, three years ago. At first she was regular, but at the same time the flow was scant. She menstruated regularly until she reached the aged of 17, then, when her menstrual period came, it was very scant, and, at times, was very painful. She continued in this way for six months, and at the end of that time her periods entirely ceased. For the past year she has suffered with a constant headache, and, at times, with vertigo. Previous to her first menses, she was in good health, had never been sick in her life, and her family history is very good. She is now badly emaciated, but has no sign of tubercular deposit in her lungs. On examination, she does not complain when pressure is made over the region of the ovaries, and only slight pain on pressure over the uterus. Vaginal examination reveals the fact that she has latero-flexion of the uterus, it being greatly flexed to the right. I at once concluded that the suppression was due to the flexion, and ordered a pessary, and placed it in position. It remained in position well, and caused but slight discomfort to the patient. I placed her on quinine, nucis vomica, etc., and advised her to take hot hip-baths, both morning and at night. I also suggested out-door exercise for her, but it was a month before I could get her to leave her room.

About the time for her next menstrual period to come on, I was called again to see her. I found her suffering as before, with headache, and, at times, with vertigo. I concluded that I would make use of the sound. I passed it into the uterus three or four times, but noticed no benefit from the use of same. It was Dr. Drake who, some years ago, suggested before the State Society the use of baptisia and bismuth in suppressed menstruation, I believe, and, thinking that it might be of assistance in

this case, I placed her on large doses of the same, but am sorry to say that she derived no benefit from it; so I gave it up, and allowed her to go back on quinine, etc., with the addition of cod-liver oil. I gave up all hopes of ever restoring her menstrual periods, and, looking to her general health, I at last succeeded in getting her to take out-door exercise, and occasionally a horse-back ride. At first she would only remain out for a few minutes and then return to her room, completely fatigued, though she continued to take exercise and remain longer each day. The next time for the menstrual period came on, and she suffered some with her head, but only very slight. She had no signs of vertigo at all, and was not confined to her bed, as had been the case previously. She has since continued to improve, having gained thirty pounds in the last four months. Her appetite is good, and she can take any amount of exercise, and sleeps well at nights, and in all respects seems to be in apparently good health. Still she has never had a return of her menstrual period, and has lost sight of the time it should be due. She never suffers now in any respect, and I find on removing the pessary that, though the uterus is still flexed, it is still in a healthy condition. I attribute her trouble to atrophy of the ovaries.

SANDER'S & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports of cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

RIB EXCISION, by means of straight bone forceps, McIntyre says, is neither difficult nor dangerous, and should be done as soon as a pleural effusion is found to be purulent, the opening being made above the ninth rib.—*N. Y. Med. Record.*

SALIX NIGRA is recommended as an efficient sexual sedative of special benefit in cases of masturbation.—*Med. Summary.*

KALINE COMPOUND PILL.

BY J. S. NOWLIN, M.D., OF SHELBYVILLE, TENN.

Formerly Professor of Gynecology, Medical Department University of Tennessee.

We are often reminded that the old things are the best things. This is true in medicine as elsewhere. More than ten years ago I first used the Compound Kaline Pill in different types of fever. I was much pleased with it, both in the strictly malarial types and also in the continued form. It is a pleasant medicine, and is acceptable to most patients, whether children or adults.

An investigation of the formula will show that the Kaline Pill is made of four old medicines long ago recognized in our pharmacopœia. The centaury plant, both of America and Europe, was largely used and relied on as a curative remedy in all the types of malarial fever. The euonymin atropureus is another old American remedy. It is a hydragogue cathartic, diuretic and anti-periodic. The cepa and lupulin are familiar to every household as having a specific effect on the digestive and nervous systems.

This is a compound of the active principles of these medicines, and of such happy combination as to secure the modified and and increased benefit of all. It has the power to control the nervous system while it is at the same time depurative and eliminative, thus governing the fever and removing the effete accumulations resulting from it.

I have found it would control concomitant constipation or diarrhœa alike, by its depurative influence.

In the treatment of any form of fever with this combination, I am inclined to rely on it alone to control all the symptoms. If persistently used it will seldom need an adjuvant. If, however, the tongue is coated, or I see other indications for an occasional dose of calomel, I use it.

From five to ten of the pills should be given within ten hours,

and repeated each day. For children, the pill can be dissolved in hot water, and, so suspended, is easily taken.

Dr. Deering J. Roberts relies upon it with confidence in all fevers of continued type which are of anomalous character. In this my experience fully concurs.

To my mind it is among the most rational remedies we have for the cure of fever in any form. It not only alleviates the symptoms, if presistently used, but eliminates the poisonous effete matter found resulting from the fever. *All forms run their course and are self-limited*, and if the system can be kept disinfected (if I may be permitted to use that much abused word) of this poisonous residue, without exhausting the strength till this self-limitation occurs, then the patient will get well. The Kaline Pill looks in this particular direction.

Selections.

How Shall We Treat Cholera?—The subject which adpears to be uppermost in the mind of the lay people, and in which probably the medical profession is not less deeply interested is the probability of the invasion of this country by cholera next summer. If the reports which appear in the lay press may be credited, the distant mutterings of the storm are already heard.

It behoves us, therefore, to "put our house in order" to meet the unwelcome enemy who unsuccessfully besieged our gates last summer. We have dwelt upon the true essence of prophylaxis so often that in this connection we only reiterate with emphasis that by thoroughly hygienic lives—by eating wholesome food, drinking pure, boiled water, keeping the skin clean by daily baths, changing and ventilating the clothing frequently, sleeping and living in well ventilated rooms—we may place the system into fighting trim and bid defiance to the invader, even if we cannot prevent his entrance into our midst.

Regarding the treatment of cholera what means are at our disposal? In the recent Hamburg epidemic we find the mortality

in 18,562 cases (in Hamburg and Altona) to be 7,939, 42.07 per cent. In Kasan, Russia, 660 cases treated in the hospitals, furnished a mortality of 51 per cent. Considering that this is the net result of the most "advanced" treatment the outlook is rather sombre.

It may be advantageous to review the methods in vogue at the present time, to study their rationale and to ascertain, if possible, why the physician stands almost as helpless at the bedside of a cholera patient as if the latter were left to work out his own salvation.

That cholera is a disease in which destructive germs are operating is now a pathological fact, discredited by very few. The indications for treatment therefore are first to neutralize the poison generated by the bacilli, which are overwhelming the system. Second, to destroy the bacilli themselves, or to render them innocuous. Third, to counteract the toxæmia and great drain. To meet the first indication by incorporating with the blood anti-toxines, as suggested by Feran, Klebs, Haffkine and others appears to be a therapeutic delusion, traceable to effects supposed to be in other diseases. Without entering into theoretical disquisitions on a subject of which our knowledge is at best but limited, it may be stated as a logical deduction that since cholera does not render the human body immune to itself even for a brief period, nothing can be expected from anti-toxines derived from cholera bacilli, etc. Several instances are reported by Dr. J. Michael (*Deut. Med. Zeitg.*, Nov. 10, 1892), in which two or more attacks have been suffered in the same individual in the course of a few weeks. Moreover it would seem illogical to attempt to neutralize through the blood a poison generated in the intestinal canal and absorbed thence into the system, (as shown by Gibier, E. Pieffer and others.)

The second indication, to destroy the bacilli in the intestines, would seem a more rational procedure. To attempt an antisepsis of the intestinal canal by medicinal agents administered per os have been shown (*D. and H. Gazette*, Nov. 1892) to be "one of the will-o'-the-wisps of the present progressive era." We have a practical demonstration of the inutility of salol, creolin, naphthalin and other bactericides, in the epidemic at Kasan, where they were fully tried. Calomel and castor oil in large

doses acted better, especially the latter. They swept the comma bacilli away in the same manner as nature attempts to do. Indeed common-sense would indicate this as a much better internal medication, not only because it is more effective, but because it precludes the necessity of plying a stomach which is already up in arms, with irritating medicinal agents. Calomel is indeed the only agent whose antiseptic action on intestinal excreta has been actually proven. It is the only medicinal agent that is rarely vomited even by the most irritable stomach. Castor oil should be on empirical grounds tried first, and if it is not retained calomel offers the best internal medication. At any rate the mechanical disinfection of the gastro-intestinal canal should supersede the chemical in cholera and other bacillary diseases, just as it has superseded it in surgery. In cholera infantum, which is more nearly akin to cholera than any other disease, this idea has been successfully acted upon. Hence it would seem that lavage and intestinal irrigation executed properly would offer the best means of ridding the affected parts of bacilli and checking their regeneration. How often this is to be repeated must depend upon the type of each case. The water should be boiled and kept aseptic, introduced as hot as can be borne, not over 100°, because this is a general stimulant, and a sufficient quantity of salt, one drachm to the quart should be added to render it unirritating. The quantity should be large, about four to six quarts. If this treatment is regarded as too simple, a valuable suggestion made by Kirchner (*Berl. Kl. Wochenschrift*, 43, '92) may be safely adopted. He claims that a one-half per cent. solution of chloroform sterilizes, in one minute, a cholera culture. He has observed the great value of irrigation of chloroform water in the profuse diarrhœa of phthisis. The addition of two and two-third drachms of chloroform to two quarts of water would make such a solution. This quantity would surely do no harm and is therefore worth trying. As a drink Kirchner recommends a one per cent. solution of hydrochloric acid in large quantities, which even if vomited, has a destructive effect upon the comma bacillus.

A lemonade of lactic acid is recommended by Feran. In this connection the fallacy of feeding or stimulating a cholera patient,

per os, may be referred to. Cholera is an illness of brief duration, the absorbents are dormant, nutrition is at a stand still. Why, then, burden an irritated gastro-intestinal canal with food and drink that can be of no earthly use?

To counteract the toxæmia and great drain are the most patent indications. The circulatory and nervous disturbances arising from the absorption of the products of the bacilli and the exhausting discharges appeal to the physician most urgently. It seems futile to attempt medication per os for this purpose as for others referred to. Hypodermic stimulation is therefore indicated. A saturated solution of oil of camphor in doses of ten to thirty drops injected every hour or oftener, appears to be the stimulant most approved in cases of collapse. Intravenous and and subcutaneous saline injections have found much favor. Eisenlohr (of Hamburg) affirms that, with the exception of one case, they improved cardiac action, removed cyanosis, when all other stimulants failed. He regards intravenous injections as more rapid in effect, but the subcutaneous are more lasting; they are more easily managed, too. He reports 299 cases, of which only 82 were cured. Dr. du Mesnil reports 204 cases with 135 deaths—a poor record for this much vaunted treatment! It was brought out in a discussion in the Hamburg Medical Society. Cantani's tannin injections, it may be mentioned, were credited with a mortality of fifty-two per cent. in the discussion.

In view of these terrific results, is there not some other method of treatment, holding out better chances?

Prof. Winternitz, of Vienna, claims that in hydrotherapy we have a superior remedy in diarrhœa and vomiting. Hence it should be tried in the preliminary diarrhœas, whose early treatment prevents the development of cholera as shown by Sir William Gull (in 13,089 cases of diarrhœa treated daily during the epidemic of 1849 only .27 developed cholera), Winternitz cites cases to prove the value of rubbing with cold, wet sheets for three minutes and placing the patient without drying into a hip bath of 50° F. with constant friction for ten minutes. This he followed by a cold, moist abdominal compress.

For actual cholera Prof. Guenther, physician to the Austrian Emperor and director of the Vienna General Hospital, found successful in 1831 the following treatment: The entire body

was washed with cloths dipped in cold water, followed by active friction, with pieces of ice to the extremities and sometimes over the entire body until it became warm, *which usually resulted in five to six minutes.* Patient was now quickly wrapped in warm blankets. Prof. Caspar, of Berlin, put his patients into an empty tub, or in one containing warm water up to the umbillicus, then poured three to four bucketfuls of ice cold water over head, chest and back; alternating this with water thrown from pitchers horizontally upon the body every two to four hours. Drying, friction, and wrapping in warm blankets followed; cold water was given internally, also cold enemata. He says no remedy is so powerful for arousing failing vitality. Prof. Sachs, of Koenigsberg, and Wagner says that the effect of these cold effusions is brilliant and almost incredible. The general coldness diminishes, and is replaced by general warmth; the cold, sticky, watery perspiration ceases, cyanosis disappears as if washed away, pulse is recalled, cramps cease, vital activity returns, etc. Drs. Grimaud and Martin reported to the French Government these remarkable results. These effects are reiterated by Winternitz. Coming from teachers of medicine we cannot cast them aside with a shrug. We have the authority of Geo. B. Wood, the old standard authority, who says of cold affusions in the algid stages of pernicious fever (a condition closely akin to that of cholera and also due to toxæmia) "if there be any power of reaction left, it is apt to be awakened by the shock."

There need be no apprehension, therefore, in applying this well-tried remedy in the various stages of cholera. Indeed it offers to-day, perhaps, the best outlook.—*Editorial in Dietectic and Hygienic Gazette.*

THE TREATMENT OF ASIATIC CHOLERA, BASED ON OBSERVATIONS MADE AT SWINBURNE ISLAND, DURING SEPTEMBER AND OCTOBER, 1892.—The rational treatment of Asiatic Cholera is derived from our actual knowledge of the disease; being as it is a localized, infective process, our efforts should be directed to destroying the vitality of the bacteria, if possible, in their place of localization, and to neutralizing the effects of the poisonous substances created in the intestinal tract by the com-

ma bacilli which produce the disease. The first indication is filled by flooding the intestines with solutions of substances capable of stopping the growth or destroying the life of the pathogenic bacteria of the disease. Acid solutions, as is well known by all experimenters, have a more or less germicidal action upon the comma bacilli. Abundant rectal injections, or enteroclysis, as Cantani has called it, cannot only cleanse the different portions of the large intestine, but actually pass through the valve of Bauhin into the small intestine, reaching in some instances the stomach, as can be proved by chemical analysis of the contents of that organ after enteroclysis. It happens in some cases, although the solution penetrates and fills the large intestine the last portion of the ileum is so flexed upon the cæcum that the injection will not pass into the small intestine, but a careful and well directed massage of the right iliac fossa will soon overcome the obstruction. This has in many instances been put forward as an objection to the practice of enteroclysis, but it has been demonstrated clinically that the ileo-cæcal valve is readily permeable. A two per cent. solution of tannic acid stops the growth of the comma bacilli and destroys its vitality in from one to three hours. Enteroclysms of this solution, one-half gallon at a temperature at 40° C., to 106° F., according to Cantani, 42° C., according to Byron (104 to 106° F.), not only act as an intestinal disinfectant, but by their temperature counteract the tendency to collapse, which is one of the characteristics of this disease. The intestinal injections should be begun in all cases, without exception, as soon as the first diarrhœaic symptoms appear. Any case of diarrhœa in a cholera-infected locality should be considered as suspicious and treated accordingly. The solution of tannic acid is prepared by dissolving two ounces of tannin in one gallon of sterilized water, then the solution is heated to the proper degree of warmth as above given, and injected into the colon by means of a flexible catheter not less than two feet in length. The pressure should be regulated with a fountain syringe at the heigth of about four or five feet. In some instances the injection does not seem to penetrate into the colon, but by allowing the solution to first fill the rectum and advancing the catheter gradually, as the intestines fill, the operation is performed without difficulty. The volume of the injection

should be measured by the age and size of the patient; for
ren of two years of age, about a pint of the solution, in
every two hours, or more frequently, according to the indic
of each case, is sufficient; while in the adult the dose may
from one quart to one gallon, repeated as often as sym
demand. In some instances, when vomiting has not begu
omel in doses of ten grains, repeated every hour until
grains have been taken, may prove of great advantage, nc
specific but for its action as a deterser of the intestines.

In cases where the stomach rebels against any medicatio
useless to lose time in trying to treat the disease by the a
istration of medicaments *per orem*. Another fact that s
not be forgotten, whether the case is slight or grave, is th
infection of the external integuments; all patients shou
thoroughly washed in an immersion hot bath and thei
cleansed with slightly acid solutions. They should be pu
warm bed, and stimulants, such as hot coffee or hot tea
brandy, administered. In many instances this treatmen
check the progress of the disease, as has been proven in ca
which the coma bacillus has been found in the dejections
tients who never reached the stage of collapse, or the
stage of the disease. When the diarrhœa is profuse anc
sistent, and the first signs of collapse appear, hypoderm
jections of alkaline solutions should be resorted to with
moment's delay. These not only replace the water los
the blood, but by increasing the volume of fluid contained
body help to dilute and eliminate the ptomaines produced
comma bacilli, which otherwise would be retained in the s
The solution for hypodermic injections, or hypodermoclys
is generally known, is prepared by dissolving seven parts
dium chloride in one thousand parts of sterilized water (s
chloride ʒ ij., water ℥ xxxij.) with or without the additio
cording to the necessity of the case for a stimulant, of ten
of brandy or six parts of pure alcohol, and heating the w
37° C. (98.4° F.); The operation is performed by means
ordinary bulb or fountain syringe, and a small-calibre asp
needle inserted, preferably, in the latero-thoracic region.
amount injected each time varies according to the case.
adult a quart is not an excessive amount, and this may

peated as often as required until the pulse, which should be the guide to the physician in these cases, beeome strong and full. In most cases the absorbtion of the injected fluid indicates the prognosis. A quart of fluid is generally absorbed by an adult in about thirty minutes. If the absorption does not take place the probability is that the vitality of the patient is so low that all interference is useless. Hypodermoclysis and entero-clysis must be continued until the temperature of the body and the action of the heart show an improvement in the case. Hot-air baths are most beneficial to maintain the temperature of the body. If the symptoms of asphyxia are persistent, notwithstanding the above treatment, inhalations of oxygen under certain circumstances have been of great benefit in cases which seemed almost hopeless. Cramps, which are the most distressing symptom during the attack in its advanced stages, are relieved by the combined action of the hot air baths and massage.

Opium and all its derivatives, as well as hydrate of chloral, bromides, etc., should be avoided, as the only result of the use of such therapeutic agents is to depress the action of the heart and the vitality of the patient. From our actual knowledge of the disease, which is only the localization of a pathogenic germ in the intestinal tract, with subsequent absorption of a poison which produces an action very similar to that of muscarine, the treatment is evident, and it will be found that that given above is the best known to science to-day. The contagion having taken place, the germs being in the intestinal tract, the ptomaïnes having been absorbed into the blood, our effort should be to remove the poison from the blood, and to put a stop to the activity of the germ in the intestinal tract; in other words, wash out the blood, wash out the intestines.

During the third, or reactionary stage, which differs according to the severity of the attack, the nutrition of the patient should be the principal aim of the physician; to reëstablish the impaired action of the kidneys and build up the system gradually, a careful diet should be given, avoiding everything that requires much effort in the way of digestion, thus protecting the alimentary tract from irritation. Seltzer water with milk, carbonated beverages, champagne in moderate doses, maltine with cod-liver oil in weak children, maltine with peptones in older persons, will

be found beneficial, The latter is the best substitute for a combined meat and cereal diet, and is easily assimilated.

The convalescence after cholera is long and tedious, and fraught with much danger on account of the lesions left in the intestinal tract. Notwithstanding the apparent good condition of the patients after leaving their beds they are very debilitated, and the least excess or error in diet may give rise to serious complications. Duodenal digestion is always very poor in these cases, and foods which require little digestion in the small intestine should be adhered to for some time, and here maltine preparations have proved exceedingly useful. As to the prophylactic treatment, only brief mention is necessary. Isolation of the patients and thorough disinfection of their clothes and dejections are the best means of avoiding the disease. It should not be overlooked that water for drinking purposes, and all foods, should be recently boiled or cooked before being used, and it is highly important that the physician sees that in his families these precautions are observed. All cases of indigestion should be promptly treated, the system of delicate persons built up as far as possible, and any errors of diet corrected. Delicate children with poor digestion and weak assimilative powers derive great benefit and are rapidly built up by the free use of maltine with cod-liver oil.

The results of the above treatment were practically demonstrated in the last imported epidemic of Asiatic cholera at the quarantine station. In most of the steamers which brought the the cholera patients over the death-rate on board reached over ninety per cent. of the total number of sick, while at Swinburne Island the percentage of death was reduced to twenty per cent., and it is believed that treatment carried out as above, with careful attention to detail, and begun early enough in the disease, may reduce the mortality still lower.—*Frank Abbott. Jr., in N. Y. Med. Record.*

Precautions Against Cholera.—1. Keep your presence of mind in the danger; avoid too great anxiety, for it clouds your clear judgement. Only the man who thinks clearly can make proper use of the precautions against danger.

Maintain cleanliness or your person and surroundings. Discretion, temperance, precise cleanliness, prove the best protection against disease.

Hold firmly to your ordinary regular mode of life. Avoid festivities and assemblages of people.

Avoid medicines as long as you are well.

Visit the sick only when your duty calls you.

Avoid intercouse and close contact with persons who come from cholera regions.

Do not leave your home in order to escape the disease. Consider that you may be in greater danger in traveling, and living under altered conditions in a strange place, than while leading a careful, regulated life at home.

2. Do not put other objects besides food and drink in your mouth, *e. g.*, the fingers in turning through a book, pen-holders, lead-pencils, etc.

Drink as little water as possible, and only such as you know to be above suspicion.

Pure spring water is, as a rule, unsuspicious. Water from deep pipe-wells and from closed pipes, if taken from open waters such as been subjected to a genuine filtering, is safe. (Small house filters, unless frequently changed or cleaned, are rather harmful than useful.)

Water from rivers, ditches, ponds, flat, open, or poorly-covered springs, also from springs which are near dirt or dung sites, is suspicious during cholera epidemics. All washing and rinsing, as well as pouring out of dirty water near springs, may be dangerous to health.

Suspicious water during the prevalence of, or near. cholera is only safe to use for drinking, washing the face, rinsing the mouth, washing utensils used for food and drink and the like, after being boiled one minute. The germs of the disease are destroyed by cooking, but fresh germs may again occupy it if it stands long.

To make boiled water taste well, add to each glass (half a pint) as much tartaric acid as you can take on a knife-point, or two drops of hydrochloric acid.

Keep water in clean vessels.

Beware of ice and very cold drinks.

Tea, coffee, and cocoa are permitted drinks, also good beer and pure wine.

Let your beer be clear and fresh, neither sour nor insipid; have it served to you in glasses which have been washed with unsuspicious water (when necessary boiled).

Bitter schnapps often contain aloes, hence act laxatively and are questionable.

Mineral waters are questionable, if they come from natural springs or are prepared with distilled water.

Avoid drinking uncooked milk.

The disease may adhere to butter and fresh cheese, if they were prepared or kept near persons ill with cholera.

Eat fruit and vegetables, also onions and the like, only in a cooked state.

Eat nothing uncooked or unroasted which strange hands have touched, unless you know them to be reliable.

Purchase food only from reliable, clean shops. Avoid such as are in cholera houses.

Avoid all excess in eating and drinking. Be especially cautious if you incline to diarrhœa.

Eat and drink nothing as wholesome which is in a sick-room. Consider that flies and such insects might carry the germs of disease from the patient to your food.

Even cigars may convey infection in a patient's house.

3. Keep your head cool, your body warm, your feet dry.

Live and sleep in pure air; fumigations do not prevent contagion.

Wash your hands frequently during the day with water, soap, and brush, especially before you touch eatables.

If you have touched any dirty or suspicious objects, first wash your hands carefully with a solution of four teaspoonfuls of fluid carbolic acid in a quart of water (five per cent. carbolic acid solution); then wash this off with clean water and soap.

In cholera regions do not bathe in rivers or ponds.

Use a public privy only in case of necessity. The seats of privies which are used by strangers should be cleaned with soapy water. For this take one pound of soap to a pail of hot water. If your privy is used by persons suspected of disease, rinse the

wall or the funnel with freshly-slacked lime (1 part quick-lime to 4 parts water).

4. The infectious material of cholera is contained in the excretions of the patient. It adheres to soiled linen and clothing, and can be transmitted by anything which touches such objects or excretions, even when this only occurs indirectly and not in a noticeable manner.

Excretions of persons ill with, or suspected of having cholera, and the floor, etc., soiled with them, disinfect by copious (at least hourly) use of slack lime or chlorinated lime solution (5 drachms chlorinated lime to 1 quart cold water), or other trusted disinfectants.

Linen, clothing, bedclothing, covers, and the like, also, such as come to you from cholera regions, send, well wrapped up and tied, to a public disinfecting institution.

If such is not within reach, soak the things twenty-four hours in soap and water (one pound washing soap to a pail of hot water), and then boil thoroughly.

Other soiled articles cleanse thoroughly with such soapy water with quick-lime or carbolic acid solution. If the nature of the objects does not admit of this, then place them for at least six days in an unused, airy, dry place.

Thorough drying is unfavorable to the development of the disease germs.

5. If your digestion is disturbed, if you have diarrhœa, especially with vomiting or great nausea, consult a physician at once.

Until he comes, take a warm drink, put on a woollen bandage about your body, remain in your room; if in great distress, go to bed.

For relief, you may take a cup of tea, with cognaac or rum. Let your food be a mucilaginous soup, also, zwieback, or stale white bread without butter.

If you have reliable (prepared from a physician's prescription) cholera drops at hand, take from twenty to thirty drops on sugar.

Keep your presence of mind, even if you are ill. Fright and cowardice act unfavorably on body and mind.—*Therapeutic Gazette.*

REDUCTION OF PROLAPSED ANUS.—A gentleman, about fifty-five years old, of eminent social standing, being a member of the judiciary of this State, presented himself for relief from obstinate prolapse of the rectum, which had proved refractory to the efforts of several preceding physicians. Not only was a portion of the gut very promptly extruded, to the extent of an inch or more beyond the sphincter, at every attempt at stool, but the accompanying irritability gave the affection the characteristics of a diarrhœa—the straining and apparent desire to evacuate the bowels being almost constant—causing as frequent necessity for its manual replacement. There had been but little intermission of this experience, night as well as day, for a prolonged period.

I must confess that, on learning the medical history and its inconsequential results, I was far from hopeful, since I could do little more than follow the beaten paths of medical literature and traditions. I rang what changes I could for a few days with local and with constitutional incitants to contraction, with the same absence of result as had marked previous endeavors. It then occurred to me that what was really needed was the *pulling in*, rather than pushing in, of the extruded part; that the visible, ostensible feature did not in fact represent the actual weakness, but only showed the consequences of defective sustentation —probably of the interior continuation of the intestine. On this hypothesis neither pushing in nor local contraction could avail as remedies, since the seat of the difficulty remained uninfluenced thereby. Had we been punishing a blameless part for faults which really pertain to a different location? Could the mass of digestive organs be so raised as to pull in their recalcitrant rectal extremity?

Thus debating possibilities, I asked my patient to so turn himself as to lie face downward in bed, the pretext being that of further examination. I then requested him to rest his whole weight on his elbows and toes—carefully placing the arms and the feet perpendicular to the couch. The next request was for him to make such exertion as would cause the trunk to be horizontal or even more elevated, and to hold that position. At the moment of his compliance I distinctly saw the extruded portion of intestine quickly glide through the sphincter and disappear. My hopes were gratified. My patient uttered strong expressions

of relief and thankfulness. A ready and easy way of elevating the viscera belonging to the lower portion of the cavity of the trunk had been employed, capable of permanently remedying this displacement. Could the principle apply to other kinds of morbid position?

An analysis of the mechanical phases of the process described presents the following points: In the position described the side-walls of the chest are immobilized, whereby the fluctuations of interior space coincident with respiration are compelled to travel by way of the diaphragm, and reach the exterior through the walls of the abdomen, thus subjecting the whole visceral mass to the same degree of motion. . At the instant of effort the walls of the chest are pulled asunder, necessarily causing increase of space in the diaphragmatic region, and the abdomen contracted, causing diminution of that of the inferior portion of the trunk, the two effects being coincident. The act consequently urges the whole visceral mass toward the diaphragm, and causes immediate and forcible recession of the rectum—this being strongly pulled inward and upward.—*Geo. M. Taylor, M.D., in New York Record.*

THE THERAPEUTIC MERIT OF COMBINED REMEDIES.—In nearly every case where quinia is indicated, it can be advantageously combined with antikamnia, which thus becomes a valuable adjunct to quinia. Quinia, for example, is a most decided febrifugi, and its action is usually promptly reliable; but when combined with this member of the aromatic series, its action is markedly increased. Some individuals, however, cannot take any of the coal-tar derivatives; consequently the use of antikamnia will be inhibited in such cases; on the other hand, some patients cannot take quinine.

An important benefit to be derived from the addition of antikamnia to quinine is that it removes the sense of fullness in the head, constriction about the forehead and tinnitus aurium, so common when the drug is administered alone; the disturbing action of quinia on the auditory nerve is suspended to a great extent, and the usual quinine deafness is absent. The combination of these agents in tablet form is a happy one.

The combination of antikamnia with quinia is valuable in the racking headache, with high fever, attendant upon malarial disorders. It is likewise valuable in cases of periodical attacks of headache of non-defined origin; of the so-called "bilious attacks;" of dengue; in neuralgia of the trigemini; in that of "ovarian catarrh;" and, in short, in nearly every case where quinine would ordinarily be prescribed.

Binz claims specific antiseptic powers for quinia; other writers are in accord with him on this point, and report good results from large doses in septicæmia, pyæmia, puerperal fever, and erysipelas. It is a germ destroyer of the bacilli of influnza (la grippe). A full dose of quinine and antikamnia will promptly relieve many cases of disease. In the gastric catarrh of drunkards, this combination is valuable. Quinia is a poison to the minute organism—sarcina; and antikamnia exerts a soothing, quieting effect on the nerve filaments. A full dose ef antikamnia and quinia will often arrest a commencing pneumonia or or pleuritis. This combination is also useful in the typho-malarial fever of the South—particularly for the hyperpyrexia—both quinia and antikamnia, as previously said, being decided fever reducers.

The germicide power of quinia is the explanation of its success in the treatment of malarial disturbances. Thus it is also a prophylactic against the various manifestations of malarial poison, and as such it can be relied on. The cause of the various manifestations of malaria as a disease consists of pigmented bodies, which penetrate the interior of the red-blood corpuscles—pigmented bodies of various shapes and flagellate organisms—both having amœboid movements—the filaments being in active vibration.

In meningeal troubles, attended by marked acceleration of the heart due to the rise in the fever temperature, full doses of quinine and antikamnia at intervals of, say about four hours, will be productive of good. In measles, large doses of the combination at night, say ten grains of each for adults (doses for children in proportion), will relieve the distress of the catarrhal pneumonia, and modify, in a great degree, the amount of the exudative products. The periodical neuroses, which may be either regular or irregular in their manifestations, but which are

dependent on the malarial germ for their origin; are all controllable by the combination of quinine and antikamnia. Examples of such neuroses are asthma, laryngismus stridulus, summer catarrh, etc. Indeed, for the hemicrania and neuralgias of malarial origin, the combination of quinine and antikamnia, just alluded to, may be declared *a specific*.

The dose of quinine may be made smaller than usual when administered with antikamnia. Thus, one or two tablets of two and a half grains each of quinine and antikamnia will prove sufficient for great utility in puerperal mania, in the headaches of advanced age, accompanied with vertigo and despondency.

This combination is capable, by the combined influence of the drug on the nervous system and blood, of restraining all the processes which develop heat, organic changes, and muscular motion; therefore, it is "the one thing needful" in the treatment of hyperpyrexia of malarial fevers. In the vast majority of cases, when necessary to administer quinine, if antikamnia be added to the prescription, the result will be surprising.

Formerly, the idea prevailed that in order to render the treatment of periodical fevers efficient, the gastro-intestinal tube should be cleaned out by emetics and cathartics. This, however, is a fallacy, as the conditions they intended to remove depend mainly on the malarial poison, for which the combination of quinine and antikamnia is the specific cure.

In speaking of the treatment of pneumonia by quinine and antikamnia, Prof. Palmer says: "The effects desired, and certainly as a rule produced, are a decided reduction of temperature, a marked diminution in the frequency of the pulse, a decided moisture of the skin or free sweating, a slower and more easy respiration, or relief from pain, and the feeling of fullness of the chest, a diminution of the cough and the tenacious and bloody character of the expectoration, and, in short, not only is there a checking of the fever, but of all evidences—general and local—of the pulmonary engorgement and inflammation."

In Meniere's disease, or "labyrinthine vertigo," this combination has, by persistent use, entirely removed the trouble in many cases. The curative effects of quinine and the coal-tar antipyretics in sunstroke are well known, and have been used recently with great benefit in numerous instances in this country and in

India. In hysteria, and even in epilepsy, the combination of quinine and antikamnia is often indicated, and will frequently give the desired results. In whooping-cough and hay-fever, quinine and antikamnia will prove beneficial.

The tablets of equal parts of quinine and antikamnia, spoken of in this article, can be administered by the rectum, with good effect. They should first be dissolved in whiskey, and then water can be added in any quantity needed—always remembering the total quantity of each drug in each enemata.—*Stephen J. Clark, M.D., of New York, in Virginia Medical Monthly.*

Editorial.

SIXTIETH ANNUAL MEETING OF THE TENNESSEE STATE MEDICAL SOCIETY.

Held at Nashville, Tenn., April 11, 12 *and* 13, 1893.

FIRST DAY—MORNING SESSION.

The Tennessee State Medical Society was called to order at 11 A.M., Tuesday, April 11th in the auditorium of the Young Men's Cristian Association by C. W. Beaumont, M.D., of Clarksville, President; Vice Presidents W. K. Sheddan, M.D., of Williamsport; W. A. H. Coop, of Dyersburg, and A. D. Scruggs, of Knoxville being in attendance; the Secretary, Dr. D. E. Nelson, of Chattanooga, and Dr. J. P. C. Walker, of Dyersburg, Treasurer being at their respective desks; about one hundred and twenty-five members being present.

After the Committee on Credentials reported several applications for membership they were elected.

The Committee on Legislation, through Dr. J. S. Cain, reported that the profession had met a regular Waterloo in the Senate. In conjunction with a committee from the National Academy of Medicine a bill had been drafted requiring a diploma from practitioners and giving the Board of Examiners

power to examine into the antecedents of applicants. The bill had been adversely reported by the Sanitary Committee and rejected by the Senate. He thought some legislation was necessary. The present laws could keep out only a few long-haired mountebanks, and let in all sorts of quacks with flimsy diplomas, who flood the newspapers with their pictures and sworn statements of their wonderful cures. He moved the discharge of the committee, which motion carried.

The Committee on Publication reported that 400 copies of the transactions of the last meeting of the society had been printed and distributed.

An auditing committee was appointed, consisting of Drs. T. K. Powell, N. T. Dulaney and D. J. Roberts.

Dr. Deering J. Roberts introduced a resolution to the effect that the society was satisfied with the Code of Ethics of the American Medical Association and hoped that it would remain unchanged; the secretary being instructed to forward the resolution to the Secretary of the American Medical Association, with the request that he have it read at the annual meeting of the Association in Milwaukee in June next. Adopted unanimously.

The address of welcome was delivered by Dr. George H. Price, of the Reception Committee, who said: "I trust this meeting of the society will be characterized by a spirit of harmony and an abundant harvest of benefit. It seems that our great country is destined to undergo a great crisis, in which you will play an important part. It behooves you to do your whole duty to your country and the people in the time of their greatest need. Allow me, in the name of the city of Nashville, the the fair home of your honored alma maters, to extend you the right hand of welcome. To you, from the Eastern, Western and Middle sections of this state of magnificent resources, an equal good fellowship is tendered."

Dr. J. B. Cowan, of Tullahoma, was called on to respond, and said: "When we sit and listen to the eloquent address of welcome that has been tendered us it has the effect of bringing our hearts and minds more closely to our capital city. We must remember that she deserves the distinction of being the cradle of the medical profession in the South. From her schools have gone out the most famous practitioners of the Southern country.

Members of our profession stand closer together than those of any other profession. A strict code of ethics should govern. When the time rolls round again for this society a thrill of joy will come to each member now present."

The regular programme was taken up and Dr. A. B. Tadlock, of Knoxville, read the first paper, "Monkeying With Microbes."

Adjourned untii 2 P. M.

AFTERNOON SESSION.

The society was called to order at 2 P. M., by the President, and the discussion of Dr. Tadlock's was taken up and participated in by several members.

Dr. G. B. Thornton, of Memphis, read an able paper on Maritime and Interstate Quarantine," which dealt with the law passed by the last Congress, at Senator Harris' instance. The paper was a strong indorsement of the law.

Dr. J. S. Cain also read an exhaustive paper on "Cholera, Its Propagation and Treatement."

The two foregoing papers were discussed together, Drs. Thornton, D. J. Roberts, Horseley, P. D. Sims, Buist, Cowan, and others participating.

Dr. Thornton suggested the preparation of a resolution expressive of the appreciation of this body of Senator Harris' action in having the law passed, and the matter was referred to a committee consisting of Drs. Thornton, Sims and Roberts.

Dr. T. J. Happell read the report of the State Board of Medical Examiners, which was discussed at length by Drs. D. J. Roberts, J. S. Cain and others. Dr. Cain declared the law wrong and ineffective—the medical profession must elevate itself and legislation can't do it. He favored better medical legislation, but they could not get it in the last Legislature because it was packed with opponents of the law.

Dr. Happell thought it a good law. When the law passed there were only one-third of the medical profession who had diplomas; now 90 per cent. of the practitioners are graduates.

Adjourned until 8 P. M.

NIGHT SESSION.

The night session was called to order by Vice-President W. K. Sheddan, when Dr. George H. Price introduced Dr. C. W. Beaumont, of Clarksville, the President, who delivered the an-

nual address on "Human Life," which appears in full in our Original Department, and will repay careful perusal. It was delivered in an eloquent and graceful manner.

The address was a masterly one, and was received with warm applause.

Following this came a paper by Dr. F. L. Sims, of Memphis, on "The Salicylates."

Dr. Sim's paper was discussed and commended by Drs. Thos. L. Maddin and Jas. B. Stephens, of Nashville; T. J. Happel, of Trenton, and G. W. Drake, of Chattanooga.

The society adjourned until 9 o'clock next morning.

SECOND DAY—MORNING SESSION.

The society was called to order at 9 A. M.

The first feature of the morning session was the reading of a paper by Dr. C. Holtzelaw, of Chattanooga, on "Genital Reflexes."

Dr. L. P. Barbour, of Tracy City, read a paper on "Typhoid Fever in Young Children."

Both these interesting papers were discussed at length.

The report of the Committee on Education was submitted and discussed at length. The question of particular interest was educational qualifications preparatory to entering medical schools. It was the sense of the society that no member should take into his office a student until such student should prepare himself with a good preliminary education. The basis of this was fixed the same as that adopted by the Southern College Association, and it was further decided that no diplomas should be granted except after a three years' course by any medical college. These ideas were embodied in a resolution adopted at the close of the discussion as the sense of the society.

Adjourned until 2 P. M.

AFTERNOON SESSION.

At the afternoon session Dr. N. T. Dulaney, of Bristol, read a paper on "Traumatic Empyema."

The election of officers for the ensuing year was next in order and after a spirited but friendly contest over the presidency, resulted as follows:

President, Dr. N. T. Dulaney, Bristol; Vice President for West Tennessee, Dr. F. L. Sim, Memphis; Vice President for

Middle Tennessee, Dr. T. H. Marable, Clarksville; Vice President for East Tennessee, Dr. D. E. Nelson, Chattanooga (by acclamation); Treasurer, Dr. Ambrose Morrison, Nashville.

Invitations were extended the society to hold its meeting next year at Dyersburg, Jackson and Memphis, and there were numerous speeches in advocacy of the respective cities. On the first ballot Dyersburg received 34 votes, Memphis 26 and Jackson 26, 43 votes being necessary to a choice. Memphis was finally selected as the next place of meeting.

The Committee on the Revision of the Constitution and By-Laws submitted a report, recommending minor changes. Nearly all these changes were adopted.

Adjourned until 8 P. M.

NIGHT SESSION.

At night the society discussed Dr. Dulaney's paper on "Traumatic Empyema," which was read in the afternoon. Drs. Dice, Cain, Dulaney and T. R. Moss spoke.

Dr. J. M. Masters, of Knoxville, read a paper on "Iritis," which was discussed by Drs. Moss, J. P. C. Walker, Graddy and Masters.

Papers on a number of topics were read by title, the authors not being present, and referred to the Committee on Publication. Among them were papers on "Pyæmia," by Dr. C. W. Womack, of Chapel Hill, and on "A case of Congenital Fistula, Operation and Cure," by Dr. W. A. H. Coop, of Dyersburg.

Dr. Dixie Douglass read a paper, "The Indications and Methods of Treating Uterine Fibroids," and Dr. T. J. Crofford read a paper, "Report of a Case of a Tumor Complicating Delivery," which papers were highly commended by those present. They were discussed by Drs. J. B. Neal, C. M. Drake, W. D. Haggard, J. M. Baxter, W. K. Sheddan, T. J. Happel, and J. R. Buist. The discussion being closed by Drs. Crofford and Douglass.

The society then adjourned until 9 o'clock next morning.

THIRD DAY—MORNING SESSION.

The third day's session of the Tennessee State Medical Society was called to order by President Dulaney at 9 A. M.

The Chair announced the following regular standing committees to serve for the ensuing year:

Committee of Arrangements: F. L. Sim, Chairman; D. D. Saunders, G. B. Thornton, Heber Jones and W. B. Rogers, all of Memphis.

Committee on Publivation: S. S. Crockett, Chairman, Deering J. Roberts, Richard Douglass, G. C. Savage, and C. S. Briggs, all of Nashville.

The following were appointed delegates to the American Medical Association, meeting at Milwaukee, Wis., in January next. N. T. Dulaney, J. Berrien Lindsley, Deering J. Roberts, J. B. Cowan, J. A. Crook, D. E. Nelson, G. W. Drake, C. M. Drake, G. A. Baxter, P. D. Sims, E. S. Miller, W. H. Armstrong, J. B. F. Dice, D. E. Shields, W. B. St. John, S. N. Howser, W. T. Briggs, Duncan Eve, G. C. Savage, J. W. Maddin, Sr., J. B. Neil, T. H. Marable, J. B. Murfree, S. S. Crockett, W. D. Haggard, J. S. Cain, R. S. Tidwell, J. M Coyle, G. B. Thornton, F. L. Sim, Ambrose Morrison, T. J.. Crofford, J. R. Buist, B. B. Lenoir, J. G. Sinclair. Others would be reported by the President to the Secretary at a future date.

On motion of Dr. Cain the society unanimously voted $100 to the retiring Secretary, Dr. D. E. Nelson, of Chattanooga, as compensation in some measure for the very efficient services that he has given the society.

Dr. W. D. Haggard, of Nashville, read a very instructive paper giving a "Report of an Interesting Case of Vaginal Hysterectomy," which was ably discussed by Drs. J. S. Cain, J. B. Neil, T. R. Moss and Haggard.

Dr. J. B. Cowan, of Tullahoma. read a paper on "Fibroid Tumors of the Uterus." which was discussed by Drs. C. M. Drake, W. D. Haggard, J. P. C. Walker, T. J. Crofford and Cowan.

A resolution was adopted providing that absent members who remit $1 to the Treasurer within the next ninety days shall be credited with payment in full of their annual dues for 1893, the amount to be raised to $2 after that date.

Dr. J. R. Buist, of Nashville read a carefully prepared paper on "Retro-flexio Uteri." This production was discussed by Drs. Richard Douglass and the author.

Dr. T. J. Happell, of Trenton, submitted an exhaustive pa-

per on "Diphtheria," which was discussed by Drs. T. L. Maddin, J. S. Cain, Geo. H. Price and Happel.

Dr. L. B. Graddy, of Nashville, read a paper giving a "Report of Three Cases of Otoscleronectomy," the discussion of which was postponed until the afternoon session.

Adjourned until 2 P. M.

AFTERNOON SESSION.

In the afternoon the society took up the discussion of Dr. Graddy's paper and views were expressed by Drs. F. T. Smith, G. C. Savage and L. D. Graddy.

Dr. H. J. Warmuth, of Smyrna, read a paper on "Post-Partum Hemorrhage," which was discussed by Drs. J. B. Cowan and F. L. Sim, and by Dr. Warmuth.

Dr. S. T. Hardison read a paper on "Disease of the Bladder," reporting a peculiar case that had come into his practice. Dr. C. M. Drake discussed the paper.

Dr. F. T. Smith, of Chattanooga, read a paper on "What the General Practitioner Should Know of Eye Diseases," which was discussed by Drs. G. H. Price, G. C. Savage, N. C. Steele, J. B. Cowan and F. T. Smith.

Dr. N. C. Steele, of Chattanooga, read a paper on "Wounds to the Eye Ball." It was discussed by Drs. L. B. Graddy, F. T. Smith, G. H. Price and N. C. Steele.

Dr. C. M. Drake moved that the society extend its thanks to the medical profession of Nashville for their courtesy to the visiting members of the society, to the local Committee of Arrangements for their acceptable work, and to the railroads for reduced rates. Adopted unanimously.

About thirty new members were added to the roll of the society during the meeting.

At 4:30 the society adjourned to meet in Memphis on the Second Tuesday in April next year.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS will hold its annual meeting on June 5th, at Milwaukee. Dr. Ernest Hart, the editor of the *British Medical Journal*, will deliver the annual address. A banquet, at $3 per capita is arranged for.

IODIDE POTASH—ITS ADMINISTRATION.—In the administration of that all important remedy, iodide of potassium, every physician of any considerable experience, in fact every physican who has had occasion to exhibit this drug in large or small doses for any length of time, has experienced and had occasion to regret the difficulty with which so large a portion of patients take it.

In not a few cases, the first and very early manifestations is coryza, a profuse watery discharge from the nose, abundant lachrymation with maculate swollen and congested mucus membrane, with redness and burning of the conjuctiva and schneiderian mucus membrane, and, at times, a much swollen condition of the whole face, and an intense metallic taste, necessitating the immediate withdrawal of the drug, even when given in very small doses, while others succumb only to the more considerable dosage.

In others, and perhaps the larger proportion, gastric disturbances, irritation, nausea, loss of appetite, with general rejection of all ingesta follow administration of the drug in larger or smaller doses. All these features are only too well known and appreciated to need more than a passing remark to lead the physician fully to appreciate a remedy that promises relief from so great vexation in the administration of so invaluable a drug.

This we believe we have in Elixir Three Chlorides, R. & H., and feel that we can, in all confidence, call the attention of physicians to this preparation as a valuable vehicle for the administration of iodide of potassium to prevent coryza, due to its rapid elimination through the mucus membrane, and cuticle (acne), and also to relieve to a large extent the local action of stomach and bowels, while the well-known and perfect compatibility of all the soluble iodides with this combination renders it peculiarly adapted for this purpose. Many prominent physicians all over the country have testified to its merits in this direction, while the writer, a physician of experience, from investigation set on foot, and from personal interviews from many of the leading lights of medicine in the South, where so much iodide of potassium is used, and who have added their testimony to the efficacy of Elixir Three Chlorides, R. & H., in overcoming the bad effects of iodide of potassium, firmly believes that in it we have the means of removing a great bar to the judicious use of iodide of potassium.

Caution.—Since establishing the fact that Elixir Three Chlorides, R. & H., is an exceedingly valuable alterative and tonic, it has led to much silent substitution, therefore, kindly specify Renz & Henry's (R. & H.), to insure a prompt and progressive result, pleasant taste, and avoid bad features, as substitutes do not meet our claims.

In Cystitis it Has no Equal. In Atony of Bladder, a Specific. In Gonorrhœa, a Cure.—I find, after using *Sanmetto*, that I am highly pleased with it. In atony of the bladder it is a specific, and last but not least in gonorrhœa it will cure the disease in less time than any treatment I have ever used. A. S. Kirk, M.D.

Louisville, Miss.

Papoid:—We make the following extract from an article in that sterling and reliable journal *The New England Med. Monthly*, by W. C. Wile, M.D., Editor, and Surgeon-General, G. A. R.:

"In many cases of indigestion it is a difficult matter to make a diagnosis as to whether the trouble is in the stomach or in the small intestine. If in the intestine and pepsin is given, no good results. If the trouble is located in the stomach, and pencreatine is given the same condition pertains, but in each case papoid is given, the result is a solution quickly of the whole trouble.

I have used it largely in the various forms of dyspepsia and indigestion with most excellent results."

Prof. James F. Babcock, the well-known chemist expert, for many years State Assayer for Massachusetts, recently purchased in open market a sample of Walter Baker & Co.'s Breakfast Cocoa, and, after making a careful analysis, filed a certificate in which he says: "I find the Walter Baker & Co.'s Breakfast Cocoa is absolutely pure. It contains no trace of any substance foreign to the pure roasted cocoa-bean. The color is that of pure cocoa; the flavor is natural, and not artificial; and the

product is in every particular such as must have been produced from the pure cocoa-bean without the addition of any chemical, alkali, acid or artificial flavoring substance, which are to be detected in cocoas prepared by the so-called "Dutch Process."

"I have been using Ponca Compound in my practice for upwards of six months, with very gratifying results. In fact I consider it one of those very few preparations that really do all they claim to do. In cases of endo-metritis, with its various consequences; especially congestive dysmenorrhœa, I find that it acts almost as a specific."

D. MURRAY, M.D., Campbellton, N. B.

DR. G. C. KINGSBURY says: I have used Elixir Three Chlorides, R. & H., with great success in cases of struma and general debility. I think it a remedy unequalled in cases you mention. I shall continue using it.

Mt. Carmell, Ill, September 23., 1891.

THE R. I. MEDICAL SCIENCE MONTHLY.—We have just received No. 3, Vol. 1 (March), of this recent addition to medical journal literature. It is a very well printed and excellently edited monthly octavo, of some fifty pages, and covers the whole field of medical science, including dentistry and pharmacy, in a concise but very satisfactory manner. It is edited by Drs. Haller, Briggs, Lesser, and Luther, of Providence, R. I., with some half a dozen associates in other localities. We are gratified to welcome so excellent a visitor to our exchange table from "Little Rhody." "May it live long and prosper." Subscription price $1.50 per annum.

AN EPIGRAM CONFIRMED.—Dr. W. E. Anthony, of Providence, R. I., writes as follows:

"When I was a medical student, in 1865, I remember hearing Dr. Oliver Wendell Holmes, then professor of anatomy at Har-

vard College, say to his class: 'When you begin practice you will have twenty remedies for one disease, but after twenty years you will have twenty diseases for one remedy.' That prediction seems to be fulfilled in the use of antikamnia, which seems to meet so many indications."

THE MISSOURI STATE MEDICAL ASSOCIATION will meet in Sedalia, Mo., May 16th, 17th, and 18th. The Committee of Arrangements, E. F. Yancey, M.D., of Sedalia, Chairman, desires to state that the meeting will be the largest and most interesting in its history.

SANDER'S & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports of cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

AMERICAN MEDICAL ASSOCIATION.—The next annual meeting will be held in Milwaukee, Wis., beginning Tuesday, June 6th, prox. Dr. Hunter McGuire, of Richmond, Va., President. The annual address on General Medicine, by Dr. H. A. Hare, of Pennsylvania; General Surgery, Dr. H. H. Mudd, of Missouri; State Medicine, Dr. Walter Wyman, M. H. S. Usual reduction of railroad rates and an excellent meeting is anticipated.

DR. J. B. S. HOLMES, of Rome, Ga., whose magnificent sanatarium was destroyed by fire in January last, has leased some excellent and commodious residences, that he has comfortably fitted up and has now ready for the reception of patients. New buildings on a handsomer, greater, and in every way more suitable scale are under contract. As it is, he is amply prepared to care well for all cases sent him, and his ability in the treatment of female diseases needs no comment at our hands.

I FIND Peacock's Bromides of great service in Uterine Congestion.

JOHN MATHER, L. F. P. S.
Haddington Laboratory, Haddington, Scotland.

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Original Communications.

NATURE, CAUSE, PREVENTION, AND TREATMENT OF ASIATIC CHOLERA.*

BY J. S. CAIN, M. D.,

Professor of Principles and Practice of Medicine in the Medical Department University of Tennessee; and Professor of Principles and Practice of Medicine in Sewanee Medical College and Dean of the Faculty.

The threatening attitude occupied by cholera at this time, and the very strong probability that it will visit our country during the coming summer, seem to call for a careful review of the disease and an inventory of the reliable stock of knowledge and means of defense at our command bearing upon the nature, cause, prevention, and treatment of this justly dreaded disease.

Noting that no allusion to the disease appears upon the printed programme of our meeting, I have hurriedly and at the last

*A paper read at the sixtieth annual meeting of the Tennessee State Medical Society, at Nashville, April, 1893.

moment prepared a brief and concise paper bearing upon these particular points alone, which I trust, if it sheds no light upon the subject, will at least provoke a discussion in the association and a comparison of views and experiences which may prove of value to the profession as well as to the public. I shall not attempt to deal in novelties or originalities, but shall seek to follow the beaten path of experience, as lighted by modern scientific research, and summarize the accepted views of the day; and in advance, I may say, that probably there is no other disease of the magnitude and importance of cholera concerning which there exists so much unanimity of opinion in the profession. This usually in medical subjects argues correct knowledge.

Nature.—There can scarcely be said to exist a difference of opinion as to the nature of this disease. It is acute, epidemic, non-contagious, and infectious in its nature; produced by a toxic agent gaining access into the human economy and operating upon the nervous system; probably at times and stages principally upon the nerve-endings of the intestinal mucosa, or later on upon the great nerve centers, resulting in a train of symptoms and pathological phenomena dependent largely upon the amount of the toxine present, and upon the normal resistance of the individual attacked. If profound and overpowering in its nature and virulence, resistance may succumb at once from the shock to the nervous system. These are fulminating or explosive cases, for which there exists probably no remedy; they occur, but rarely, in nearly all cholera epidemics. The most common form is that in which the toxic influence is spent or reflected upon intestinal mucous membrane, and manifesting itself in profuse watery discharges of peculiar characteristics from the bowels, with persistent vomiting, rapidly depriving the blood of its serum by an exaggerated exosmotic action, and carrying off with it the albuminous and saline principles contained in this the larger element of the circulating fluid, thereby reducing its volume in the blood vessels to the minimum, and rendering the remaining portion so thick and tenacious as to impose a mechanical impediment to the circulation in the capillaries and smaller arteries and veins. Hence the lack of peripheral circulation; the algid, blanched, and shrunken surface; the defective oxygenation in the lung capillaries; and, in a word, all the prominent

symptoms of the disease. This heavy drain upon the watery element of the system results in rapid shrinkage of tissue and manifestations of emaciation so conspicuous in cholera. The tenacious blood remaining in the system fails to bring innervative force to the secreting and eliminating organs, while it clogs up the avenues to normal function. The brain and great sympathetic centers fail to receive their required stimuli, while they are flooded with inert and defective blood. The liver is engorged and inactive; the uriniferous tubules become clogged up, and kidney function is almost suspended; the débris of the whôle system remains as a menace to life and comfort; cramp in the muscles soon becomes a tormenting symptom, and, unless relief comes from treatment or from the recuperative powers of nature, collapse and coma soon close the scene with the sufferer.

Cause.—While there exists at this time a pretty general consensus of opinion as to the cause of this disease, there still exists in the profession a very reputable dissent from the dominant theory, and a feeling that it lacks demonstration. The theory first given definite shape by Dr. Robert Koch, of Berlin, and which bears his name, is very generally accepted by the profession. This theory, as is desirable in all medical theories, accounts in a general way for most of the phenomena and conditions of the disease. The Koch theory maintains that the disease is produced by the cholera or comma bacillus, more properly called spirillum or spirochæte, coming neces sarily and alone, either directly or by propagation, from the evacuations of some precedent case of cholera, and gaining a lodgment in the intestines, where, under favorable conditions, they rapidly multiply, producing at first by their presence irritation and diarrhœa peculiar to, and almost universal during the prevalence of, an epidemic of this disease, and afterward, when accumulated in greater quantities, generating a ptomain or poison, which, being absorbed into the blood, finally produces by its toxic effect the specific disease cholera.

The theory further maintains that the disease can only be transmitted and conveyed from place to place by persons having the disease, or upon clothing or things which have upon them the infection in the form of vitalized germs, and that it is never and under no circumstances susceptible of being conveyed by

gases or atmospheric influences; consequently, it is a disease which may be definitely and sharply limited in its spread by non-intercourse and guarded alimentation. This theory further maintains that, while cholera bacilli or germs do enter the stomach and bowels of many persons who are not in a receptive condition without producing the disease, it is absolutely impossible for any person to contract it who does not receive the germs into the intestines, and that they must gain access through the mouth and stomach with foods or drinks. Therefore it follows, as a logical sequence, that if the bacilli of cholera are excluded from the intestines of an individual by rigid methods of sterilization and guarded precautions in everything which could convey these germs into the alimentary canal, such person would be absolutely immune from the disease, though dwelling in the midst of an epidemic.

This theory further maintains that cholera bacilli are seldom found in vomited matter, but always in the excreta from the intestines; that when freshly voided the germs are wholly innocuous and incapable of producing the disease, until, after being exposed to some principle in the atmosphere, ground, soil or air, a change or zymosis imparts to them the power of infection and pathogenesis. Another logical conclusion from this theory is one which is largely supported by observation, and had gone into general acceptance before the scientific rationale was promulgated. If the clothing and bedding of the patient are preserved absolutely free from contact with the excreta, and if the evacuations are destroyed or rendered aseptic as soon as voided, there is no risk from contagion, and no possibility of a spread of the disease from a patient so managed.

This theory further teaches that cholera bacilli flourish and multiply most vigorously at a temperature ranging from 85° to 104° Fahrenheit; that dry heat, and especially sunshine, very soon destroys their vitality; hence they can never be borne upon the winds, as the desiccation essential to such conveyance would render them harmless. They may be cultivated artificially in gelatine, milk, broths, potato, and almost any nutritive matter, provided it is alkaline in reaction. They have a peculiar and easily recognized morphology. Dampness and the alkaline media in which they escape from the bowels during cholera seem

to peculiarly favor their rapid and virulent multiplication. Badly drained and badly ventilated localities excluded from the purifying influences of fresh air and sunshine, which go hand in hand with filth and insanitation, furnish the best possible condition for the growth and multiplication of these germs when placed in such localities.

Observation and experiments have also established the fact that cholera bacilli do not and cannot flourish in an acid medium, and that the most minute quantity of mineral acid will destroy their vitality.

This corresponds with the observation of all who have participated in cholera epidemics. It is those persons with lowered vitality, poor digestion, with alkaline stomachs from abnormal gastric secretions, and especially old alcohol habitues whose stomachs are of typical alkalinity, who first fall victims to the disease; while those with normal digestion and physiologically acid gastric juices, if prudent in eating and drinking, seldom if ever yield to the infection.

Then, the conclusions from these accepted theories are that cholera, to gain access to a locality, must be brought thence in the system of persons, or by means of clothing or fomites soiled by cholera dejection, in which the vitality of the germs still survives; that it always follows in the line of human travel, commerce, and traffic; that the matter containing the vitalized cholera bacilli must find a lodgment in some suitable medium, place, and temperature, when they multiply and increase rapidly, with all the conditions for infection. They do not sporillate, and, as before stated, are not susceptible of being borne through the air by wind currents; therefore contaminated air and mephitic gases may be eliminated from the list of exciting causative factors.

Drinking water has long been regarded as a conspicuous agent in the spread of the disease, and the theories of the day retain this idea in all its conspicuousness. Just how this occurs has never been quite clear to my mind, as cholera bacilli do not live and multiply in pure water, and were only found by Dr. Koch in the filthy bathing-pools along the lower Ganges in Asia. The theory, however, is that these germs, by various methods, enter the drinking water, and thus clandestinely find their way into

the stomachs of their victims. It is claimed that the teeming myriads of these organisms which swarm upon a soil when once infected by them are washed with the water which percolates through the earth's surface, and thus drift into springs, wells, and other receptacles from which drinking water is obtained. This is favored by the geological formation of limestone regions, and if true may account for the popular idea that limestone water invites the disease.

There are other and many methods and avenues by and through which these germs might find their way into drinking water, milk, and other fluids consumed. They also gain access into the human stomach upon vegetables, fruits, eating and drinking utensils, and perhaps hundreds of other ways. There can be no question but that flies and other insects are the frequent carriers of these as well as other pathogenic germs.

These are the popular and dominant theories of the day, and upon their accuracy the sanitary world is staking the lives and hopes of the people. They constitute the tactics by which we are disputing the power of this foreign enemy to invade our continent and unfurl its sable banners upon our shores.

As before stated, there are a few who do not accede to these views. Prof. Von Pettenkoffer has long entertained and promulgated a theory which he and his few but prominent followers have not yielded to the more popular and recent Koch idea of the origin of cholera. He disputes the popular drinking-water theory of the origin of the disease, and does not believe that it is absolutely essential that cholera bacilli should enter the intestines from without to develop the disease, but that the organisms (the omnipresence of which in the intestines of cholera patients cannot be disputed), are but the innocent denizens always existing in the intestines, stimulated into pathological activity and modified somewhat in characteristics by a principle of some kind borne through the atmosphere, a kind of miasm cultivated and intensified by certain soil conditions, giving to the disease endemic characteristics. These soil conditions are contamination and what he terms *grund wasser*, or wet soil. Prof. Pettenkoffer's theory is that such a soil, so wetted and contaminated, becomes a hot-bed for cholera infection; and, when once inoculated by cholera influences at a proper temperature, the atmo-

sphere becomes contaminated by an infectious principle, which may gain access into the human economy through the lungs as well as stomach, and there arouse the usually harmless comma bacillus into pathological activity.

Prof. Pettenkoffer, to show the sincerity of his convictions in this matter, has recently made some important experiments upon himself, which he published in a lecture recently delivered at Munich. He took into his stomach, probably on several occasions, cubic centimeter doses of pure agar cultures of cholera bacilli obtained from Hamburg, after having placed the organ in the most receptive condition by selecting a time sufficiently long after eating to insure the minimum of gastric juice and hydrochloric acid, and, to further insure alkalinity, taking bicarbonate of sodium in alkaline water. This procedure, while filling the intestines with cholera bacilli, did not produce the characteristic disease; from which he argues that some other cholera epidemic influence is essential to develop the disease besides the Koch bacilli.

All must concede that, during epidemics of this disease (if the Koch theory be accepted), nearly everyone who is not exceptionally cautious must receive cholera germs into the intestines. This is confirmed by microscopic examinations of excreta during epidemics showing that many persons who have no disease manifestations yet have cholera bacilli in the intestines. It fortunately requires a certain amount of predisponent influences, a receptivity of person, to yield to the influence, which probably Dr. Pettenkoffer did not at that time possess; so that his experiments are really barren of decided and convincing significance.

The theory of the atmospheric conveyance of the infection is controverted in India, the home of the disease, where its spread or advance is clearly not controlled by the monsoon or prevailing wind of that country, but often pursues a diametrically opposite direction from the air currents, following the lines of travel, traffic, and individual communication. So that, while probably the Koch theory of the origin of cholera may not harmonize to our liking in its every feature, it certainly is the best we have up to the present time; and from its teachings and the legitimate deductions therefrom I propose to argue my theories of treatment, and, if occasion shall require, to erect my defenses and

give battle to the enemy, unless more rational methods shall be devised.

Preventives.—Unquestionably the most effective preventive is national exclusion, which comes properly under the province of quarantine, and forms no part of my subject. But should the scourge succeed in crossing our borders, then the line of duty of the intelligent physician (for, no matter how indifferent legislators and public functionaries may be to his suggestions and appeals in times of health and prosperity, in occasions of great calamity, when death stalks abroad in the land, all eyes are turned to him for advice and counsel), consists in measures of *prevention and cure.* The former may be divided into *Public Sanitation, Individual Sanitation,* and *Therapeutic Prevention.*

Observations in the various outbreaks of cholera in this country, as well as in the East, have established one fact beyond the possibility of controversion, that it is in those localities where filth and bad hygienic regulations exist that the disease makes it worst ravages, and that it is in those particular localities in cities noted for the neglect of the laws of public and private decency and police regulations that the death rate is highest during the prevalence of the disease. Therefore, it matters but little whether we accept the Koch theory that the pathogenic germs must be cultivated under favorable conditions and afterward find their way into the human intestines, or the Pettenkoffer *grund wasser* idea that some mephitic or miasmatic principle must be generated in a contaminated soil, under pretty much the same conditions, and enter the human economy in some way to arouse the innocent and formerly harmless germ parasites into virulent pathological activity; or yet the theory of Klein who maintains in a recent production that the cholera spirillum, so called, is not the effective factor in the etiology of Asiatic cholera; all agree that these conditions do invite and favor the spread of the disease. Therefore, intelligent public sanitation consists in correcting and destroying these conditions, in watching vigilantly for foci of infection and in circumscribing the same. Dryness of soil is attained in small towns and rural localities by intelligent ditching and drainage of damp and humid localities. In cities, the whole subject may nearly be embraced in *thorough sewerage and enforced employment of the same.* Where this is done the amount

of moisture necessary to maintain a favorable culture field for sensitive cholera germs cannot exist; the ground water level sinks below the culture range. Next, all portions of the city, especially the lowest and most neglected, should be thoroughly cleansed of surface contaminations. Surface privies should be abolished. The throwing of slops of whatsoever kind upon the ground should be prohibited, and all existing débris should be carted off and consumed by fire. In a word, the soil should be made and retained clean and dry. The sunlight and air should be admitted to every available spot. There is no germicide or antiseptic so effective as this. The too common practice of sprinkling dry lime upon damp and filthy spots, hoping thereby to render them non-infective, is a delusion and a snare. It covers up for a time but protects nothing. It is a useless and expensive fallacy. In cities, a house-to-house inspection of premises and back-yards should be rigorously, intelligently, and impartially carried out in time of threatened epidemics, and the strictest sanitary rules enforced.

The *first case* should be vigilantly watched for, and every physician should constitute himself a committee of one to perform this duty. It is the first doubtful case, over which doctors often dispute and wrangle, which does the mischief and sows the seeds of infection. Give the public the benefit of the doubt. All questionable cases (and many such occur every summer), should be watched and guarded, and the excreta disinfected and destroyed until after careful microscopic examination can be made and diagnosis rendered. If the disease should obtain a foothold, and a focus of infection become established, it should be isolated and quarantined, and when practicable the buildings where it occurred burned.

The sanitary report of Dr. Biggs shows that not less than ten cases of genuine Asiatic cholera occurred in the city of New York last fall, and but for the fact that the vigilant health department of that city pursued the course indicated, the disease would in all probability have become epidemic, not only there but over the whole country. Contamination of water supply should be looked to most sedulously. Spring or well water, where there exists a possibility of sipage or drainage from infected localities, should be prohibited. The restriction or prohibition of the sale

of vegetables and certain classes of fruits may possibly come within the purview of intelligent public sanitation. The use of many of these articles should certainly be restricted if not wholly fordidden during the prevalence and presence of cholera.

Personal Sanitation.—The individual may do much for his own personal protection, even if the disease should encompass him round about as an epidemic. A careful observance of all the rules of health, regular hours, due care to the secreting and eliminating organs, abstinence from all causes which produce gastric or intestinal catarrh or digestive derangements, should be the rule. The stomach should be maintained in its integrity; it is the gateway to the intestines and the natural defense against those pathogenic germs which operate in the intestines.

Normal gastric juice is antagonistic to nearly all disease germs, especially those of cholera; and it must be a vitiated and abnormal stomach through which they can pass in reasonable quantities and retain their vitality. Then, to maintain the integrity of the digestive organs should constitute the most effective preventive treatment.

Vegetables, like lettuce, salads, and others eaten raw, are objectionable, because, by handling and otherwise, they are likely to become germ-carriers; besides they are not essential to digestive integrity. The same may be said of most fruits and berries; still these, if mature and above the possibility of infection, in reasonable quantities are not only harmless but probably conducive to normal digestion. Cooked vegetables, except in very small quantities, are objectionable, because many are intestinal irritants, and nearly all encourage alkalinity of bowels, the condition most favorable for germ development. Meats are preferable in that respect, as they encourage acidity. All that is eaten should be well cooked and consumed soon after cooking, or, if eaten cold, should be kept excluded from possible germ contact. The table-ware and eating implements should be cleansed in hot water before being used. For precaution's sake all water should be boiled and filtered before using. If cooled by ice it should be done by placing the ice around and not in it, as freezing does not devitalize cholera bacilli, and the ice during cholera epidemics may contain the germs. Drinking vessels should be often scalded and, when not in use, kept under a screen.

Milk should be sterilized and cooled in cans or bottles. Butter, unless obtained from a locality above suspicion, should be discarded except when used in cooking. All alcoholic beverages, no matter upon what theories or in what quantities taken, are not only useless but harmful. The physician, especially while practicing in an epidemic, should wash his hands often in hot water, and, if his wardrobe will permit, change his clothing daily, sunning and airing those not in use. This will insure him against becoming an infection-carrier.

Therapeutic Preventives.—In persons of standard health and normal digestion, with the careful observance of the above suggestions, little or no danger from cholera need be apprehended, even in the midst of an epidemic. But probably the majority of people do not size up to standard digestive health or conform to orthodox prudence. Such will come to us for an ounce of that preventive which is said to be better than a pound of cure; and in this instance I think the cure estimate might be increased tenfold without changing the nature of the equation.

Many stomachs and intestines are found in the best possible condition for the reception and cultivation of cholera bacilli. Lowered vitality from any cause, unwholesome and indigestible foods, contaminated water, insanitary environments, alcoholic abuse, and many other causes contribute to bring about this widespread condition, favorable to cholera infection, and to furnish the material upon which the disease principally preys. Can we by therapeutic measures overcome or correct these predisposing condition and protect the individual until the epidemic cloud blows over? I believe we can, in nearly all instances, where we can control the appetites and actions of individuals. Persons with lowered dynamic forces and vitiated digestive powers should be advised to leave infected localities, but, when compelled to remain, then our efforts should be to restore as nearly as possible the gastric and intestinal functions to a normal standard. Foods of the character above suggested should be taken at regular times and in moderate quantities. Exposure to catarrh-producing influences should be avoided; also too intense heat, as this is one of the fruitful sources of our gastro-intestinal troubles. Loss of sleep and fatigue of body or mind should be abstained from, as these consume the vital energies which should be concentrated

on the digestive faculties. The fallacy of taking ardent spirits as a stimulant or preventive cannot be too emphatically condemned. Its effect in all quantities and at all times is to impair digestion. Artificial digests, simulating the natural, should be taken sufficiently often to insure their presence in the stomach at all times.

The action of the liver should receive especial care, as the bile is nature's antiseptic and germicide in the intestines, as is the gastric juice in the stomach. A mild cholagogue should be taken each day or two, if necessary. I know of nothing better for the purpose than a small pill of blue mass and hyoscyamus at bed-time. The bowels should be kept open, and daily evacuations insured with more than ordinary care. I would not attempt to fill the bowels with artificial and repulsive germicidal compounds, but would seek to insure an efficient amount of such as kind nature provides for that purpose. A compound of one of the pure pepsins—say 5 grains to the dose, with 10 drops of dilute muriatic acid, made up with a little glycerine and syrup and properly diluted, taken after meals and, in cases with bad digestion or chronic gastritis, between meals also—constitutes the best possible therapeutic preventive. In severe cases of chronic gastritis, when the stomach is lined with vitiated alkaline mucous, it will be well also to cleanse it once a day by means of tepid water and the stomach siphon.

Treatment.—The stages of the disease, which call for treatment peculiar to each several condition, may be classed as the *Prodromal or Cholerine*, *Choleraic Flux*, *Collapse*, and *Reaction*.

The looseness of bowels, so common during epidemic cholera, has usually been thought to depend in some way upon the prevailing epidemic influence. Accepting the Koch theory, there can be but one way of accounting for it: upon the actual presence of cholera bacilli in the intestines, acting either mechanically or through their toxines upon the enteric nerve-endings. During this prodromal period, or *cholerine*, as it is usually called, and before the production of sufficient ptomaines to produce the more profound symptoms, nearly all cases can be arrested, and the evil effects which spring up later on, if neglected, may be averted by proper treatment. The indications are to stop germ production in the intestines and to restrain bowel action within rea-

sonable bounds, bèaring in mind that most generally the free evacuation is the result of a conservative effort of nature to throw off offensive and deleterious matter; and further recollecting the well-established fact that cholera bacilli do not propagate or even maintain vitality in an acid medium, no matter how well adapted in other respects, the idea of a mineral acid treatment during this stage would naturally suggest itself. A prescription in which the standard and unvarying ingredient is dilute sulphuric acid should be employed in doses of 10 drops from three to six times a day, or oftener, if necessary. Sulph. of magnesia may be added in the event that freer or easier bowel action is desired, and laudanum in the event that a restrainant or analgesic is required. These ingredients should be made up with camphor water and given by the stomach, which, during this stage, retains its integrity. It is during this period that the almost universal and justly popular agent, calomel, does its best work. Later on, in the more advanced stages, it is questionable if it is absorbed or produces any effect until after reaction has set in. The effect of calomel at this stage is to arouse liver action, relieve portal engorgement, and promote the flow of bile into the intestines. I would not be willing to rely upon it alone and feel that I had given the sufferer the best possible treatment. Camphor is one of our best germicidal stimulants, and makes an excellent and popular combination with calomel, while capsicum acts well as a local stimulant. A capsule or powder, containing 1 gr. each of calomel and capsicum and 2 grs. pulverized camphor, should be given in connection with the acid compound sufficiently often to insure liver action. This treatment, with proper regard to diet, will arrest nearly all of the cases when commenced early enough to insure the action of the medicines before severer symptoms develop.

If seen too late, or after profuse choleraic flux has set in—showing that the system has become poisoned with toxines—then we may expect a growing demoralization of stomach as well as bowels, and an inability to retain or derive benefit from any therapeutic agent administered by mouth. Still it is customary, and probably allowable, to continue the employment of calomel, capsicum, and camphor in this stage, upon the ground that it can do no harm. In this condition absorption from the stomach

and bowels is arrested. There exists a reversed osmotic action. The fluids are all tending towards and being poured into the alimentary canal, consequently there can be but little utility in administering medicines by the stomach, as they will not likely be retained, and if retained not absorbed, at least not until after the alarming symptoms subside, when they will not be needed.

It is at this juncture that hypodermic medication comes to our relief. Opium has been and is still regarded as the sheet-anchor in the treatment of cholera at this stage. Its effect, probably, aside from its pain-relieving and spasm-controlling properties, is to obtund nerve impressibility and to cut off the reflex influence upon the intestinal vessels which is producing the extreme exosmotic action, and thus to arrest the spoliative flow until nature can rid herself of the toxine through her other eliminants. In this condition the hypodermic use of morphia and atropia should be resorted to until the desired effect is attained. Caffeine and digitaline may be administered here when a stimulant seems to be called for.

If not promptly arrested, the characteristic *rice-water* discharges may be looked for, with coldness of extremities, cramp in the limbs, failing strength, and threatening collapse. Heat should be imparted to the surface by wrapping in hot blankets, and the application by hot-water bottles around the body and limbs. Cramp should be treated by friction with spirits of camphor and chloroform. Vomiting may be palliated by the application of large sinapisms over the epigastrium, and the administration of 10-drop doses of chloroform in a little ice-water. The intense thirst, consequent upon the dehydrated blood, can only be met by allowing the patient to swallow small bits of crushed ice. Should profound collapse come on, which is but an exaggerated and legitimate outgrowth of the conditions just enumerated, largely the result of the exhausted blood, lack of oxygenation, and arrested innervation, growing in part, but not wholly, out of blood spoliation. These severe cases always have a strong element of ptomainic toxæmia acting upon and depressing the great nerve centers, also more or less uræmic toxæmia, resulting from defective kidney action. So, in this condition of profound collapse, the only and ever-hopeful indication does not consist in restoring water and salts to the blood, as many seem to think.

The approach of collapse does not necessarily arrest the serous discharges, except in so far as the watery element of the blood becomes exhausted. Efforts to arrest the flow must still be kept up. Astringents, stimulants and irritants, and anæsthetics, of every conceivable kind and character, have been administered by stomach without any probable good results. Dr. Cantini has recommended and employed, and others have highly extolled, large injections of tannin, dissolved in tepid water, and thrown into and through the colon if possible. This may constrict the tissues and control the discharges as far as reached, and, while I have but little confidence in the treatment, I would employ it in absence of any more hopeful resources. Here every available stimulant, general and cardiac, are called into requisition, such only as can be used hypodermically are most serviceable, as the stomach is not in a condition to retain or appropriate remedies. Caffeine, digitaline, atropine, and sulph. ether may be given hypodermically. Aromatic spts. of ammonia, camphor, and capsicum by the stomach, if that organ retains sufficient intergity to appropriate them. The use of alcoholic liquors, upon the theory that they are stimulants, I would discard, believing that they possess no elements calculated to restore tone or nutrition to the exhausted system.

The idea of refilling the empty blood vessels with a fluid approximating the serum has long been attempted and practiced. Transfusion of blood and the injection directly into the venous system of milk and defibrinated blood have been tried and abandoned. The injection of water containing salines directly into the veins, for the purpose of refilling the vascular system and reëstablishing the liquefaction of the blood, has also been practiced with varying hope and disappointment. The most satisfactory method, probably, ever devised of accomplishing this end, is the injection into the connective tissue at points where it is most abundant, subcutaneously (usually in the subscapular region), of a solution consisting of 20 grains chloride of sodium to 1 pint of tepid water. This is immediately absorbed into the blood vessels; and the treatment has been highly lauded and is doubtless, often beneficial. The flagging circulation is aroused, the husky voice regains its force, the dull eye its luster, a sense of comfort and hope pervades the sufferer, and the effect is

often magical, but seldom permanent in these extreme cases. The profound toxæmia, or lesions in the brain, and delicate kidney structures by the blood condition are usually irreparable and death comes most frequently from uræmic coma. The Malpighian tufts and uriniferous tubules of the kidneys having become clogged up by this tenacious blood, seem unable to free themselves. Great quantities of casts are noticed in the small amount of urine voided, and the reëstablishment of kidney functions is one of the most difficult problems following cholera collapse.

Reaction.—In all severe cases a period of reaction may be looked for, characterized by a subsidence of the severer symptoms of whatsoever character, and a feeling of relief. This is most frequently the beginning of a permanent improvement. It is, however, sometimes delusive, and proves to be the beginning of the end—the lighting up of the fires of life for a moment ere their final extinction. Favorable prognosis, then, should be guardedly given at this stage of the disease. It calls for a general nourishing and toning treatment. Observation demonstrates that cholera bacilli disappear very slowly from the intestines after an attack, and although crippled and incapable of producing virulent toxines at this stage, their presence in the bowels is a source of irritation and a barrier to free digestion and absorption, a protractor of the disease, and call for measures to remove them, as well as to repair the injury inflicted. Here the usual bitter tonics, with quinine in sustaining doses, should be kept up regularly. Spirits of turpentine is probably one of the best stimulants to intestinal glands, as well as a most efficient germicide, and is peculiarly applicable in this condition, given in 5-drop doses five or six times a day. Its effects are equally beneficial to the kidneys.

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Selections.

"THE USES OF COD-LIVER OIL IN THE ARTIFICIAL FEEDING OF INFANTS."—The words of caution with which I concluded my article on the artificial feeding of infants in the last issue of the *Doctor of Hygiene*, namely, to watch closely the child's bodily weight, and in case the child did not thrive as it should, to try the effect of the administration of small doses of cod-liver oil in the form of some reliable emulsion, were given because even the best artificial food is necessarily deficient in one of the most important constituents of food—that is fat. Not alone is fat necessary to build up the tissues and to supply fuel to the fires of life, but it also plays a very important part in intestinal digestion, and taken in proper amounts it aids digestion in the stomach as well.

These facts were shown long ago by Lehman (Physiological Chemistry, Philadelphia, 1855.)

Fat constitutes the basis of the chyle, which is composed chiefly of finely divided oil, each globule of which is surrounded by a thin envelop of albumen.

This emulsion is formed by the aid of the biliary and pancreatic juices in the small intestine.

It has been shown that of all the oils or fats that which is expressed from the liver of the cod is the best adapted to the digestive processes.

Food is designed to effect three distinct purposes: first, to build up the body in its growing state; second, to replace the tissues that have been used up; third, to supply fuel to the flame of life, *i. e.*, to impart force to the nervous and muscular system. The part performed by the fats is a most essential one, and consequently a diet that is deficient in fat is followed by decreased vitality in the person living upon such a diet.

But fortunately for mankind the converse of this is also true; decreased vitality from almost any cause is remedied by the administration of fat in the form of cod-liver oil, and the list of

diseased conditions in which the oil is serviceable is a long one, and includes consumption, scrofula, chronic dysentery, chlorosis, rickets, skin diseases, rheumatism, chronic bronchitis, epilepsy, and so forth. Persons with these diseases, and with wasting diseases generally, require a fatty diet. For growing children a diet comprising fat is essential. If they do not get it their muscles grow flabby and their skin loses its firmness.

It is interesting to know that cod-liver oil differs from other fats in that it contains various biliary principles which, of course, are derived from its source, the liver of the cod. But it also contains traces of iodine, bromine, phosphorus, sulphuric and phosphoric acids, lime, magnesia, soda, and iron.

The objection generally advanced against the use of cod-liver oil is its nauseous taste. This has been removed by the art of the pharmacist and chemist, who have succeeded in making the oil palatable and even pleasant. This is not all that has been done, however, by these experts. By artificially emulsionizing the oil—*e. e.*, by imitating nature's operation in the digestive processes—they have produced a preparation that is very easily digested and assimilated, even by the most delicate stomachs. Nor is this all. By combining the oil with the hypophosphites of lime and soda they add greatly to its value as a constructive food.

Exactly how these hypophosphites act when taken in the system we do not know, but we do know that they prevent waste of tissues, and that they promote what we call constructive tissue metamorphosis. This effect makes a given amount of food do a maximum amount of work. The best emulsion of cod-liver oil is, in my opinion, that prepared by Scott & Bowne, and known as Scott's Emulsion. This preparation I have found to be a carefully prepared emulsion of the best oil, combined with the hypophosphites of lime and soda. The dose for an infant should at first be very small, say from a quarter to half a teaspoonful after feeding, for a babe of three to six months, and not given oftener than four times daily. Gradually this amount may be increased until the child takes a half teaspoonful six times in twenty-four hours.

The effect of the oil on the bowels should be carefully noted and the dose regulated by the number of movements, their char-

acter, and the amount of oil contained in them.—*Cyrus Edson, M. D., in the Doctor of Hygiene.*

NEURALGIA.—A most interesting study, even from a practical or therapeutical stand-point, is that of the true seat of neuralgic pain. The entire subject can be reduced to a single question. Is the pain of the different forms of neuralgia really originated at the very spots at which the patients complain of it, or is it simply felt at those spots as though it arose there, in the same way, for instance, as patients who have undergone amputation of a limb, still complain of pain in the stump although the limb, which was the seat and sole cause of their suffering, has been removed?

The former hypothesis seems probable a priori, and has given rise to the so-called peripheral theory of neuralgia; but a number of neuropathologists, and among them some very eminent men, defend what is known as the central theory of such suffering. Although there can be no doubt that the latter theory is not applicable to all cases, still it accounts for the greater number of them, and is based on arguments that are well fitted to carry conviction, and of which the principal ones are the following:

When a nerve has been completely severed, as is sometimes done in cases of neuralgia that defy all treatment, it is not uncommon to find the pain going on unchanged after the operation; it could not, therefore, have had a peripheral origin.

Just as no one disputes nowadays the existence of nutritive disorders in hysteria, in the same way no one can deny that in certain forms of neuralgia, without neuritis, the same kind of disorders may arise. Now, is not the most rational way of explaining these disorders that of granting the central theory of neuralgia? Under these circumstances it is easy to see that the morbid irritation extends from the original nucleus of the diseased nerve to the original nuclei of the neighboring nerves, which will manifest their implication by creating nutritive disorders loco dolenti.

Inthe third place, a number of diatheses, and certain altered conditions of the blood, give rise to neuralgic pains, unless we

admit that the spine is affected primarily, how can we understand why these diatheses and modifications of the blood should affect one nerve more than another, and, in some cases, only a few centimetres, or even millimetres, of a given nerve?

Fourthly, it is known that neuralgic pains are connected very closely in different ways with hereditary neuroses. Now, the latter are undoubtedly localized in the nervous centers; how, therefore, could their effects be other than central?

The theory of the central seat of neuralgic pains explains (and is the only theory that does so) the way in which such pains jump from one spot to another, alternate from one side to the other, and pass rapidly from this nerve to the next. We know how near to each other in the spinal cord are the original threads of the different nerves, and can consequently understand with readiness how the painful irritation of one nerve can extend with the greatest ease to its neighbor in the spinal cord.

After all, the daily practice of medicine supplies the central theory of neuralgic pains with a decisive argument. It is a matter of common occurrence that cases of neuralgia of the trigeminal, sciatic, or superficial nerves, that have stubbornly resisted the action of the various local anæsthetics and different forms of counter-irritation, disappear as if by magic after only a few days' use of bromidia. This extraordinary result is readily explained by the well-known physiological effects of the active elements of bromidia. Purified brom. potass. and chloral, cannabis indica, and hyoscyamus; for it must be remembered that they act on the cerebro-spinal centers. Therefore, in the great majority of cases, neuralgic pains have a central origin; and in this is once more verified the truth of the old Hippocratic axiom, "*Naturam morborum ostendunt curationes*," by the use of a preparation that is now so well known as to no longer require any praise—bromidia.—*Dr. Dujardin-Beaumetz, in Bulletin General de Therapeutique, Paris, Feb.* 28.

THE PRESENT POSITION OF GALL-BLADDER SURGERY.—Czerny, after a general consideration of gall-bladder surgery, presents the following conclusions;

1. Gall-stones require operation, if they cause frequently-repeated or lasting trouble.

2. Empyema of the gall-bladder imperatively demands operation, as does hydrops, if it gives serious trouble.

3. The typical operation for gall-stones consists in incision, removal of the stones, and suture of the gall-bladder; in this, however, the abdominal wound should be drained for a short time.

4. If the cystic duct is closed, if the gall-bladder is the seat of inflammation, or the contents are greatly altered, then a temporary gall-bladder fistula must be made.

5. Extirpation of the gall-bladder is indicated only in cases of severe inflammatory carcinomatous involvement.

6. When the ductus choledochus is closed, the operation is absolutely indicated, if the strength of the patient will permit. If one does not succeed in removing the stone or obstruction, then it is recommended to produce a fistula between the gall-bladder and the duodenum.

7. The best incision for gall-bladder operations is an J-shaped cut; the vertical limb lies in the linea alba, and the horizontal part runs toward the right, just below the level of the umbilicus.

8. The danger to life of gall-stone operations will be probably less than in operations for vesical calculus.—*Epitome of Medicine.*

CIRCUMSCRIBING ERYSIPELAS.—A short while since I was called to see an aged lady with facial erysipelas. The nose, cheeks, and eyelids were red, turgid, and painful; the temperature was 103° and pulse 120. She was somewhat delirious; the initiatory symptom was a cold stage.

This lady had an attack of erysipelas in New York some years ago, which confined her for a number of weeks, and her life was at the time despaired of. Later she had a similar seizure at one of the Virginia springs.

In the recent attack I applied a strip of adhesive plaster one-third of an inch wide across the forehead, two other similar strips from the extremities of the forehead strip, extending across the temples downward to a point below the angle of the lower jaw. I covered the strip well with aristolized collodion. I did not

apply the strip across the neck, as I have never seen erysipelas of the face and scalp cross the neck. Within this "pen" of plaster and collodion I applied frequently mentholated alcohol, thirty grains to two ounces. I gave nourishment, wine and citrate of iron and quinine. The fever gradually subsided, and on the fifth day the disease had terminated. The inflammation extended to the collodionized plaster, but did not cross it. Devices somewhat analogous to the preceding have been suggested and carried into practice by Fraske and others, but the agencies used were different from those described and carried into practical use by myself in the above presented case.

Since the above case occurred another has fallen under my observation and treatment. Mr. C——, a former representative in the Legislature, suffered from an attack of facial erysipelas while in attendance on that body, and was treated by my friend, Dr. Wooten. I treated him in his last (recent) attack, which, so far as location of the disease was concerned, was analogous to that of the lady above mentioned, and I adopted practically the same line of treatment as in that case, using mentholated alcohol as the local treatment. Later in the disease, upon the appearance of blebs upon the eyebrows and cheeks, I substituted thirty per cent. ichthyol ointment for the mentholated alcohol. In the last case, as in the first, the disease extended to the plaster, but did not appear beyond it. In six days the patient recovered and resumed the duties of his profession.

Recent observations, which have determined that the micro-organisms of erysipelas are conveyed through the lymphatics, perhaps furnish us with the rationale of the treatment suggested. —*E. J. Beall, M. D., of Ft. Worth, Tex., in N. Y. Med. Record.*

ACETANILIDE POISONING has been relieved, in a case in which three drachms were taken with suicidal intent, by hypodermics of ether and the practice of lavage. After several hours the cyanosis gradually disappeared.—*N. Y. Medical Record.*

THE KIDNEYS are of first importance in contemplated surgical operation. If the patient has got Bright's disease, he will have

his risks from an amputation enormously increased. That risk may not be enough to deter us from operating, certainly not in a case of necesssty. The patient with Bright's disease who has got a leg crushed must have it taken off and take the chances. But the woman who has Bright's disease, and some tumor or little growth not troubling her very much, had perhaps better be left alone. But the other condition of the kidneys, even more fatal and almost prohibitory to operative interference, is the saccharine diabetes which leads to gangrene, and leads to coma, fatal coma, serous effusion in the brain under ether and after the shock of an operation.—*Cheever, in Boston Medical and Surgical Journal.*

THE HYGIENE OF THE TEETH.—All caries of the teeth begins from the outside, no such thing as internal caries ever having been demonstrated; hence, if the surfaces could be kept absolutely clean, no decay could take place, however poor the texture of the teeth. This is of course impossible, but much in this direction can be attained by attention to hygienic rules. Parents often ask their dentists and medical attendants: "When ought teeth to be cleaned?" The answer assuredly is: "As soon as there are any teeth." A very small toothbrush charged with some precipitated chalk flavored with an aromatic drug to make it pleasant, is perhaps the best means.—*The Lancet.*

ARSENIC IN CHOREA.—Discussing the uses of arsenic, Dr. William Murray, in the *Lancet* for February 25th, makes a statement that will somewhat surprise American physicians. He says that little stress had been laid on the efficacy of arsenic in large doses in chorea. The use of the drug is a well established plan in this country. It is the common teaching that arsenic is of but little value until its physiological effects have been obtained. It is now the universal custom to carry its administra- to that point, and even to restrain its action upon the bowels by small doses of opium. The dose should be regulated according to the symptoms and the tolerance of the patient. The author insists upon giving fifteen-drop doses of Fowler's solution for several days; ten drops, he says, will not answer. No fixed rule

can be adopted for the use of this or any other drug. It must be administered according to the age and tolerance of the patient. If taken with food in the middle of the meal, it rarely causes digestive disturbance even in very large doses.—*N. Y. Medical Journal.*

POTASSIUM BI-TARTRATE IN ASCITES.—Dr. M. Sasaki, Professor of Clinical Medicine at the University of Tokio (Japan), reports (*Berl. Klin. Woch.*) very favorable results in the treatment of ascites from the use of potassium bi-tartrate (cream of tartar) in large doses. This treatment was first tried several years ago, in a case of dropsy due to cirrhosis of the liver, and in which all the other remedies—digitalis, calomel, and various other diuretics—ordinarily used under such circumstances had failed. The patient had already been tapped twenty-eight times, when it occurred to the author to try cream of tartar. He began with eight grammes (2 drachms) a day, and gradually increased the dose to thirty-two grammes (say one ounce). Under this treatment the ascites rapidly subsided and soon disappeared completely, not to appear again for two whole years afterward.

Since then Dr. Sasaki and, on his recommendation, several other Japanese physicians (Drs. Tawara, Takabaschi, and Tokura), have often used the potassium bi-tartrate with almost uniform success in cases of ascites due to hepatic cirrhosis, to syphilitic disease of the liver, or to simple chronic peritonitis. As was to be expected, the remedy failed when the dropsy was the consequence of malignant diseases in the abdominal cavity.

Dr. Sasaki administers the cream of tartar in doses of eight to forty grammes (two to ten drachms) a day, the average daily dose being ten to twenty grammes (two and one-half to five drachms). As already stated, he begins with eight grammes (two drachms) and graudually augments the dose till the patient has two or three stools a day. The medicament is administered either as a powder (in cachets or wafers), or in mixture according to the following formula:

Potassium bi-tartrate ..... ℥ iiss [10 gms.].
Distilled water..... ℥ iiss [100 "].
Lemon syrup..... .....enough to flavor.

To be taken in three parts in the course of a day.

It is stated that under this treatment there is a considerable increase in the quantity of urine passed—one or even two litres (one or two quarts) being voided daily in cases where before only 200 grammes (say seven fluid ounces) were excreted; the abdomen steadily goes down, and the ascites diminishes till it has entirely disappeared—which sometimes occurs after only a few weeks. In other cases the disappearance of the fluid takes place more slowly, and in these the administration of the remedy has to be continued for months, which, it is maintained, can be done without any ill effect.

According to Dr. Sasaki, in cases where there is not very much effusion and the patient is not too weak, the potssium bi-tartrate alone is sufficient to bring about the absorption of the fluid; but if the quantity of effusion is considerable and the abdomen is very much distended, the administration of the drug must be preceded by tapping.

As the first case treated by the author in the above-described manner shows, the disappearance of the condition is not only a temporary one, but often a more or less permanent one.—*Merck's Bulletin.*

A NEW TREATMENT OF ALOPECIA AREATA.—In France the above disease is known by the name of pelade, and its parasitic origin is pretty generally accepted. Dr. Pye-Smith opines that many of these cases of pelade are in reality examples of ringworm in its later stages. However that may be, the practitioner will be glad to be made acquainted with the most recent treatment in vogue in Dr. Hallopeau's wards at St. Louis Hospital. When the affection is limited in extent rapid cure is obtained by repeated applications of cantharides solution with daily use of a ninety per cent. carbolic lotion. Where the disease is more diffused (all the hairy parts of the body or the entire scalp) the following lotion gives good results: Alcohol, 100 gm.; essence of turpentine and camphor, of each 20 gm.; corrosive sublimate, 10 ctgr. Local patches have been successfully treated by M. Hallopeau by the essence of wintergreen, which produces no irritation or pain.—*Lancet*

Subscribe for THE SOUTHERN PRACTITIONER.

PREPARED FOODS.—Many prepared foods are offered to the medical practitioner, each claiming special advantages.

As the physician is usually unable to personally examine these foods, to determine their composition, he must rely more or less on the statements of the manufacturers, and test such foods by actual practice.

In using prepared foods very great care should be taken at the outset to see that they are in good condition, that no deterioration has taken place through infection with the germs of putrefaction or of disease. We can only be certain in this respect of those foods that are delivered to us in hermetically sealed packages; the contents of which, when milk has been used, having been sterilized before packing. There is little doubt but that much harm has been done by the use of partially spoiled foods.

It has been quite positively settled that an infant under seven months old cannot digest starchy food. The salivary glands are not yet properly developed, and the secretions of Ptyalin, the ferment of the saliva which acts on starch, does not exist until after the above age. It would naturally seem then that an all milk food would be the only one to use. As far as I am aware Reed & Carnrick's Lacto-Preparata is the only food of this kind offered to the medical profession or public, and from what I know of its composition, its preparation and the results obtained by its use I am justified in saying that it is a most excellent substitute for mothers' milk, and is safest to use during epidemics of typhoid fever, cholera infantum, and Asiatic cholera. The milk used in Lacto-Preparata is selected with great care, the dairies being under constant supervision. The milk is run through centrifugal machines which not only remove the cream, that constituent which would cause deteroration of the product on keeping, but which also remove all foreign particles, thoroughly cleansing the milk, so to speak.

The cream later on is partly replaced with purified cocoa butter which has been found by experiment to be as digestible as milk-fat and of equal nutritive value; moreover it does not spoil.

The mixture of milk and cocoa butter is now made alkaline with lime water, then sterilized, evaporated to dryness, ground and packed in hermetically sealed sterilized cans.

The same firm produce another food, adapted to the use of older infants and of invalids, called Carnrick's Soluble Food. It is prepared similar to the Lacto-Preparata, but contains about one-half (½) its bulk of dextrinized flour.

There is only one word of caution that must be given concerning the artificial feeding of infants; it is this: Watch carefully the condition of the child; if the flesh becomes flabby and it does not seem to thrive as it ought, try the effect of small doses of a reliable emulsion of cod-liver oil. It is possible that the system needs a little more fat than it is getting in its food. No prepared food, as far as I know, contains as much fat as the one recommended in this paper but it is impossible to prepare a palatable food that will keep and which will not be open to more serious objections than the slight deficiciency in fat.—CYRUS EDSON, M.D., *Sanitary Supt. Board of Health of New York, in "The Doctor of Hygiene..*

DOCTORS, PREACHERS AND RELIGION.—It is not an uncommon thing to hear statements to the effect that the medical profession, as a whole, is un-Christian. Such an assertion is worthy of a serious reply, and that reply is of necessity in the nature of a refutation. The practice of medicine tends to develop in all men of any intellectuality whatever, a realizing sense of the limitations of human power and skill, the fallibility of human judgment and the mutability of all things finite. Over and above these facts, the sincere searcher for truth recognizes the supreme power of God. Growing out of this knowledge there is, in most men of experience, developed a reverent spirit which acknowledges with sincerity the ever present guidance and control of the Divinity.

Such belief, however, does not necessarily impose npon the man any agreement with or submission to non-essential statements of belief that are compiled largely by men whose education, life and experiences are wholly different from his own. And so, of course, many physicians frankly disown or disavow the lines of belief laid down for them by mere preachers, being fully persuaded that conscientious adherence to the great truths that constitute the essential element of Christianity renders un-

necessary the non-essential and often unwarranted addenda which the preachers have pinned on to our great system of belief. The physician is often painfully aware that the constituted church authorities are both incapable intellectually, and unfit morally to formulate rules for the guidance of other lives.

Much of the lack of confidence which physicians have in preachers comes from the fact that preachers are, as a rule, not educated in the simplest matters concerning the physical being of man and of the whole natural world. Hence they are continually making the most absurd and irrational arguments, based perhaps on the "science" that is found in newspapers, and which too often constitutes the sole basis of their scientific education. Hence, too, they are continually becoming the victims of the most shameful and ignorant charlatans, who have found by experience that nothing is too irrational to obtain the sanction of the pulpit. Quacks of all descriptions, impostures of the vilest sort, so-called "patent" medicines of least possible value, robbers of the poor, slayers of the innocent, all and every one of them thrive and grow fat because of fulsome pulpit eulogies and more fulsome written testimonials from preachers. Is it any wonder that honest men, whose wide and often sad experience has given them opportunity to know and appreciate the foul character of many of these illegitimate money-makers and their money-making schemes, should turn in digust from association with those mistaken disciples, who by voice and pen have done what they could to make fraud successful, and should determine in the future to serve the Master without the intermediary of what they believe to be a falsehood-sullied pulpit?—*Denver Medical Times.*

CODEINE is a drug that undoubtedly receives from the medical profession far less attention than its many good qualities demand. It is an undoubted anodyne, and has the advantage over morphia that it does not check the secretions, does not produce disagreeable after-effects and is not likely to lead to a habit. On account of this last characteristic it is a good deal used as a substitute for morphia in some of the cures for the opium habit, but as far as can be ascertained this method of treatment is never com-

pletely successful, and the patient's real struggle begins when the codeine is stopped. As an ingredient in cough mixtures the drug is a most excellent one and an admirable substitute for morphia. A disease in which it has often been pronounced a specific is diabetes mellitus, where it is given in doses double or even more than double those ordinarily recommended. Indeed it is said by some writers that no result can be expected from a dose less than a grain, although the regulation dose is not over over-half that quantity.—*N. W. Lancet.*

THE KANSAS WAY.—The following appears at the foot of a billhead of a Kansas physician. It is unique, original, and pointed, and we presume effective: "A prompt settlement of this bill is requested. If bills are paid monthly, a discount of ten per cent. is given. Bills not paid promptly will be passed to my attorney for collection. If you pay your physican promptly he will attend you promptly, night or day, rain or shine, while your slow neighbour suffers and waits, as he made the doctor wait, and while he is waiting the angels gather him in."—*Kansas Med. Journal.*

ETHERIZATION IN CROUP.—Betz (*Wiener Medicinische Presse*) recommends etherization in croup, from the view that there are cases of croup in which the causa lethalis is not alone the pathologico-anatomical changes in the larynx, but is to be sought in the nervous system. He reports the case, to illustrate, of a thirteen-months-old child, in which, on account of very threatening symptoms of croup, tracheotomy was advised. Betz ordered:

R Ether Sulph.....f ʒj.
Ether acet.....*m*xx.
Menthol.....gr. ij.

Every quarter of an hour three drops to be inhaled from a small handkerchief.

His purpose was to produce a local anæsthesia in the larynx and to occasion a general narcosis, in order to quiet the child and to control the spasmodic muscular contractions of the

diaphragm and intercostal muscles, and thereby produce easier respiration. After two hours the child was quieter, appeared somewhat dull, but the stenosis had partly disappeared. The etherization was now continued, three to four drops every half hour. After twenty-four hours the child was out of danger.

If the etherization is a means of loosening the pseudo-membrane it is yet to be observed. It should, however, be used as a palliative remedy when tracheotomy or tubage is not practicable.—*Annals of Gyn. and Pædiatrics*

CONGESTION.—It is wonderful, when one comes to think of it, how many diseases are caused by congestion, and also how many diseases can be cured by relieving or removing the congestion. When there is too much blood in the head, causing what is celled cerebral congestion, or congestive headache, we have an infalliable remedy—one that is always handy, always pure, and always of uniform strength. This valuable remedy is known to every physician in America and Great Britian as Peacock's Bromides. If this preparation fails to relieve, one always knows that either the diagnosis is wrong, or a substituted preparation has been used; therefore, the genuine Peacock's Bromides is an infallible test as to the character of the headache. The same is true in regard to uterine congestion, congestion of the lungs, throat, kidneys, bowels, etc. If, then, so many diseases are caused by congestion, it naturally follows that, the cause being one—congestion—the cure is one—to remove the congestion; the remedy is one—Peacock's Bromides, together with whatever collateral treatment that may be indicated.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

Editorial.

"WILL WE HAVE CHOLERA HERE THIS YEAR, DOCTOR?"

We have very little hesitation in saying that the medical men of this country are getting somewhat tired of this interrogatory, that is being propounded many times day by day. We can only make, as we have been doing since September last, our stereotyped reply: No, not unless somebody is at fault. We ought not to have it. We cannot afford to have it.

Granted, that with the large influx of foreign visitors during this the Columbian year, its existence at the coming on of winter to a somewhat alarming extent in some of the large parts of the European Continent, with which we are in close and almost daily communication, and other factors of a possibility, we are enabled to place on the other side of the balance-sheet a much more satisfactory and reliable knowledge of its modes of travel and the means of prevention than at any previous time. The little flurry at New York that caused a great degree of uneasiness last year was productive of much good in showing, to some extent, certain practical measures by which it could be and was held at bay.

With the advent of hot weather now at hand, there has so far been no marked re-development of the disease in those continental cities where it prevailed so alarmingly last year; and although, during the spring months there were some cases, they have gradually become less and less frequent instead of increasing in numbers. The new water supply of Hamburg, and the thorough sanitary measures to which that city and others have been subjected, has prevented so far a recurrence of the disease in epidemic form. This is decidedly encouraging, and is marked evidence that thorough cleanliness and a proper observance of sanitary measures can prevent the dread results of so dire a plague. Many American cities and towns have been induced,

by the fear of cholera, to "get a move" on all measures of sanitation, that ought to be the regulation standard. We make the following extract from the report of the able Secretary to the April meeting of our own State Board of Health:

"One of the most noticeable signs of sanitary improvement in Tennessee is the attention given to the water supply by many of our leading towns during the past year or two. The city of Clarksville has recently purchased the plant from a company with the view of enlarging the works. Murfreesboro has now in operation works owned by a private company. Union City, Pulaski and Columbia are also thus supplied. Gallatin is working up to extension of limits and water-works. Dyersburg, Covington and other towns have recently obtained power to issue bonds for sewers and other improvements, all having a beneficial influence on health.

"In East Tennessee there are many new and growing towns, such as Johnson City, which are quite up to the times in public spirit and progress. A noted example is Harriman, which recently voted, with only two dissenting voices, to bond the city for $110,000 for water-works, electric light, and sewers.

"Greeneville, Athens, Cleveland and Bristol are instances of old towns which have recently almost been made over again.

"In fact a marked feature in Tennessee at present is this awakening of public spirit and coöperative activity throughout the State. In communities without corporate charters, the end is attained by voluntary sanitary associations, as in Dickson and Erin. These, acting under the sanction of law and backed by public opinion, have great power for good, as has been fully attested in various British and American cities. In New York city the Ladies' Association, a permanent body composed of representative women, has accomplished results which have surprised their own neighbors and gained the applause of strangers. All friends of sanitary progress welcome this coöperation; for healthy and beautiful homes are naturally of more moment to women and children than to men."

Yes, there are many other diseases besides cholera bred of filth, and the benefits of thorough sanitation will always be accurately demonstrated. By careful attention to the cardinal principles of sanitation—good water, good food, pure air and cleanliness of

person and locality—if the germs of cholera succeed in eluding the vigilance of those at the outposts, they will fall in sterile soil; and these measures are not only justifiable and imperative now, but at all times.

AN ACT TO PREVENT THE SPREAD OF COMMUNICABLE DISEASES, AND TO FIX THE PENALTY FOR THE VIOLATION OF THIS ACT.

SECTION 1. Be it enacted by the General Assembly of the State of Tennessee, That whenever any case of small-pox, yellow fever, cholera, or other communicable disease exist (except it shall not embrace any venereal disease, such as gonorrhœa, syphilis), or is suspected to exist in any household, it shall be the duty of the head of said household to immediately notify the municipal or county health authorities of the town or county wherein such disease or diseases exist; or are supposed to exist.

SEC. 2. Be it further enacted, That whenever any physician, surgeon, or practitioner of medicine shall know or suspect that a person or persons whom he has been called to visit, or who has been brought to him for examination, is infected with any of the aforementioned diseases, he shall immediately notify the health authorities of the town or county in which said diseased person or persons are found.

SEC. 3. Be it further enacted, That it shall be the duty of all municipal or county health authorities aforesaid, without delay, upon receiving such notice as is above provided for, to immediately proceed to carry out such rules and regulations as the State Board of Health may prescribe, having for their object the prevention and restriction of the disease or diseases aforementioned in Section 1 of this Act.

Said local health authorities shall further, upon the receipt of said notice of existing or suspected disease aforesaid, notify the Board of Education of such municipality, if the case exist in a town, or if in the country, the County Superintendent of Public Instruction, of the facts in every such case, giving name, age and sex of the individual so sick, name of disease, street and number of house, if in a town, or otherwise sufficiently designate the house if in the rural districts, and said public school authorities

shall not allow any pupil to attend any public school from said house while any inmate of same is sick of small-pox or other communicable disease, or during the period of two weeks after the death, recovery, or removal of such sick person.

SEC. 4. Be it further enacted, That it shall be the duty of each and every municipal or county board of health in this State, upon receiving information of the existence or suspected existence in their respeetive jurisdictions of any case of small-pox, cholera, yellow fever, scarlet fever, diphtheria, or other disease dangerous to the public health, to immediately notify the State Board of Health of the fact, and, in addition, on the first of each and every month make a written report, and forward the same without delay to said board, of all communicable diseases occurring in their respective jurisdictions for the month last preceding, setting forth in said report, in separate columns, the age, color, and sex of the individual, name of each disease, number of cases, number of deaths, together with such other information as said State Board of Health may desire.

SEC. 5. Be it further enacted, That any individual or individuals mentioned in this Act, who shall willfully neglect or refuse to comply with either of the above provisions, shall be guilty of a misdemeanor, and upon conviction shall be fined not less than ten nor more than one hundred dollars, or confined in the county jail for a period of not more than three months, one or both, in the discretion of the court.

SEC. 6. Be it further enacted, That all Acts or parts of Acts in conflict with this Act be and they are hereby repealed, and that this Act take effect from and after its passage, the public welfare requiring it.

Passed April 8, 1893, and approved April 10, 1893.

AN ACT TO PREVENT THE SPREAD OF COMMUNICABLE DISEASES AMONG THE DOMESTIC ANIMALS IN THE STATE OF TENNESSEE.

SECTION 1. Be it enacted by the General Assembly of the State of Tennessee, That upon the nomination of the State Board of Health of a qualified person, resident of the State, and who is a graduate of some regular and established veterinary college,

and skilled in the art of veterinary science, the Governor shall appoint and commission the same Veterinary Surgeon, whose term of office shall be for five years from date of appointment, or until his successor shall have been appointed and duly qualified; said State Veterinary Surgeon to have such annual compensation as may be determined and agreed upon by the said Board of Health; provided, that the said State Board of Health shall have the power to remove said State Veterinary Surgeon when, in their judgment, the public welfare requires it.

SEC. 2. Be it further enacted, That the said State Veterinary Surgeon shall, before entering upon the discharge of his duties, take an oath or affirmation as provided by law in the case of other State officers, and shall immediately execute a bond to the State of Tennessee in the sum of ($10,000) ten thousand dollars, and with such security as shall be approved by the said State Board of Health, and file the same in the office of the Secretary of State, conditioned for the faithful performance of the duty imposed upon said State Veterinary Surgeon as may be prescribed by said State Board of Health.

SEC. 3. Be it further enacted, That the State Board of Health shall have the general supervision of all communicable diseases among domestic animals within, or that may be in transit through the State, and they are empowered to establish quarantine against any animal or animals thus diseased, or that have been exposed to others thus diseased, whether within or without the State, and may make rules and regulations against the spread and for the suppression of said disease or diseases, as in their judgment may seem necessary and proper; and in the enforcement of such rules and regulations said State Board of Health shall have the power to call on any one of the peace officers, whose duty it shall be to give all the assistance in their power.

SEC. 4. Be it further enacted, That any person who willfully hinders, obstructs, or otherwise disregards or evades such quarantine as said State Board of Health may declare, or violate any rule or regulation they shall make in attempting to stamp out or restrict the spread of any disease or diseases aforementioned, or who shall resist any peace officer, acting under said Board of Health, shall be guilty of a misdemeanor, and upon conviction shall be fined not less than fifty dollars ($50) nor more than five

hundred dollars ($500), or imprisonment in the county jail for a period of three months, one or both at the discretion of the court.

SEC. 5. Be it further enacted, That in the event of any communicable disease aforesaid breaking out, or being reasonably suspected to exist in any locality in this State, it shall be the duty of the local health authorities, or persons owning or having any interest whatever in said animals, immediately to notify the said State Board of Health of the fact, when said Board shall institute such measures for the restriction or stamping out of such disease or diseases as they may think necessary. Any person or persons above specified, who shall neglect or refuse to notify said State Board of Health of the existence of any communicable disease as aforementioned, shall be guilty of a misdemeanor, and upon conviction, shall be fined not more than ten dollars ($10), or confined in the county jail not exceeding two months, or both, at the discretion of the court.

SEC. 6. Be it further enacted, That whenever, in the opinion of the State Board of Health, the public safety demands the destruction of any animal or animals, under the provisions of this act, they shall, before ordering the killing or slaughtering of the same, appoint two competent and disinterested freeholders, who shall be affirmed or sworn before proceeding to act, and they, together with the State Veterinary Surgeon, shall thus constitute a Board of Appraisement to make a just and true valuation of said animal or animals to be so killed or slaughtered, and in valueing shall consider the health and condition of auimal when killed; and after said Board of Appraisement shall make and deliver a written certificate, setting forth all the essential facts in the case to the lawful owner, who shall present the same for payment to the chairman of the court of the county in which such animal or animals are so killed or slaughtered, and the same shall constitute a county charge, and to be paid as other claims against the county now are.

SEC. 7. Be it further enacted, That any person or persons who knowingly shall import or bring into this State any animal or animals affected with pleuro-pneumonia, rinderpest, glanders, or other communicable diseases, or who shall sell or trade, or offer for sale or trade, any animal or animals so diseased, shall be guilty of a misdemeanor, and upon conviction shall be pun

ished by a fine of not more than one hundred dollars ($100), or imprisonment in the county jail for a period not exceeding three months, or both, in the discretion of the court.

SEC. 8. Be it further enacted, That the Governor of the State, with the State Board of Health, may coöperate with the Government of the United States for the objects of this act, and the Governor is hereby authorized to receive and receipt for any moneys receivable by this State, under the provisions of any Act of Congress which may at any time be in force upon this subject, and to pay the same into the State Treasury to be used according to the Act of Congress and the provisions of this act, as nearly as may be.

SEC. 9. Be it further enacted, That all laws or parts of laws in conflict with this act be, aand the same are hereby repealed, and that this act take effect from and after its passage, the public welfare requiring it.

Passed April 10, 1893, and approved April 10, 1893.

ELIXIR SIX IODIDES, made by the Walker-Green Pharmaceutical Company, is an excellent tonic and alterative, indicated in pernicious anæmia, skin diseases, specific diseases, systemic infection, chronic uterine and pelvic diseases, and wherever an alterative and tonic is needed. See the correct formula in the advertisement.

LEUCORRHŒA AND DYSMENORRHŒA.—Send to Henry K. Wampole & Co., Pharmaceutical Chemists, Philadelphia, Pa., and get a sample of their Asparoline Compound, and see how pleased you will be with its results in the above-named diseases.

HALL & RUCKEL'S HOLLOW SUPPOSITORIES are unquestionably a great convenience to physicians. Try them.

METCALF'S COCA WINE is always uniform, therefore always reliable. As a tonic and invigorator it is always safe, agreeable and certain, being prepared from freshest coca leaves and the purest wine, with the utmost skill and precision. For fatigue of mind or body it is invaluable.

We have had great satisfaction in purchasing woven goods, supporters, etc., of G. W. Flavell & Bro., 1005 Spring Garden street, Philadelphia, Pa. They commenced in a very moderate way, and, by strict fidelity and honest goods, have worked their way up to a large trade.—*Medical World, April*, 1893.

Dr. J. L. Minor says: I have used your Elixir Three Chlorides in a number of patients requiring tonic and alterative treatment, and have come to place much reliance upon it in such cases. The composition of the Elixir is a very happy and effective one.

Memphis, Tenn., October 11, 1891.

In the Treatment of Nervous Diseases and General Debility, McArthur's Syrup Hypophosphites demonstrates its restorative powers. Here it is not the stimulating action of the remedies usually classed as tonics that is needed. The organic powers of the system are already taxed to their utmost ability to carry on the physiological processes of life. The hypophosphites of lime and soda gives the much-needed effect in these conditions—not that of a stimulant by irritation, but that of a true nutriment to the starving tissues. Its tonic effects are permanent as they are the effects of a richer blood supply, bringing healthy food and oxygen to the tisues. Thus the patient is gradually brought up to his normal condition.

Satisfactory results will be obtained from the use of Neurosine in all forms of alcoholism. If given in drachm doses every few hours it effectually relieves the distressing effects of a debauch.

In the announcement for the summer course of lectures at the Chicago Post-Graduate Medical School, by Lawson Tait, of Birmingham; Reginald Harrison, of London; Schauta, of Vienna; Price, of Philadelphia, etc., by an unfortunate mistake of the printer, Emory Lanphear, M.D., of Kansas City, was placed as a resident of New York, and his subject is not men-

tioned. The topics discussed by him will be embraced in the title: "Some Achievements in Intracranial Surgery;" and his remarks will be based almost entirely upon personal experience, which in number and variety of cases is more extensive than that of any other American surgeon.

Reviews and Book Notices.

A TREATISE OF THE THEORY AND PRACTICE OF MEDICINE. By American Teachers. Edited by WILLIAM PEPPER, M.D., LL.D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. In two Royal octavo volumes. Illustrated. Vol. 1, pp. 909. For sale by subscription only. Price per volume, $5; sheep, $6; half Russia, $7. Philadelphia: W. B. SAUNDERS, Publisher, 913 Walnut Street.

This work, on the Theory and Practice of Medicine, contains numerous woodcuts and colored plate illustrations to eludicate the text whenever necessary. It is composed of a series of articles (each bearing the author's name) upon each disease or set of diseases by various authorities, selected with care from the faculties of the various medical schools of the country, with a view to obtain the very best and latest opinions and treatment of specialists in each department of medicine, and will, therefore, thoroughly represent the subjects as taught in American colleges.

The articles are not written as though addressed to students in lectures, but are exhaustive descriptions of diseases with the newest facts as regards Causation, Symptomatology, Diagnosis, Prognosis and Treatment, and will include a large number of Formulæ. The recent advances made in the study of the bacterial origin of various diseases are fully described, as well as the bearing of the knowledge so gained upon prevention and cure. The subjects of Bacteriology as a whole and of immunity are fully considered in a separate section.

Methods of diagnosis are given the most minute and careful attention, thus enabling the reader to learn the very latest meth-

ods of investigation without consulting works specially devoted to the subject.

In the matter of treatment there is much that is entirely new; for instance, the subject of cure by injection of blood-serum from immunized animals, now attracting much attention, is thoroughly discussed under the different diseases.

Hygiene forms the opening chapter of volume one and under each disease methods of prevention are carefully discussed.

Very considerable space is devoted to the important subjects of Insanity and Urinalysis.

It is a most handsome and excellent work indeed and is a fit companion to the valuable text-book of surgery recently published by W. B. Saunders. The principal authors and subjects in the first volume are as follows:

Hygiene, J. S. Billings, M.D.; Kidneys and Lungs, Francis Delafield, M.D.; Peritoneum, Liver, and Pancreas, R. H. Fitz, M.D.; Urine (Chemistry and Microscopy), James W. Holland, M.D.; Infectious Diseases, Fevers, etc., by Wm. Pepper, M.D., and Jas. T. Whittaker, M. D.; Tuberculosis, Scrofula, Syphilis, Diphtheria, etc, by W. Gilman Thompson, M.D.; Diseases of Brain and Nervous System, by Wm. Osler, M.D., and Horatio C. Wood, M.D.

PSYCHOPATHIA SEXUALIS, WITH ESPECIAL REFERENCE TO CONTRARY SEXUAL INSTINCT. A Medico-Legal Study. By DR. R. VON KRAFFT-EBING, Professor of Psychiatry and Neurology, University of Vienna. Authorized translation of the seventh, enlarged and revised, German edition. By CHARLES GILBERT CHADDOCK, M.D., Professor of Nervous and Mental Diseases, Marion-Sims College of Medicine, St. Louis, Fellow of the Chicago Academy of Medicine; Corresponding Member of the Detroit Academy of Medicine; Associate Member of the American Medico-Psychological Association, etc. In one Royal Octavo volume, 436 pages, Extra Cloth, $3.00 net; Sheep, $4.00 net. Sold only by subscription. Philadelphia: THE F. A. DAVIS COMPANY, Publishers, 1914 and 1916 Cherry Street.

This is one of the most valuable contributions to the medical literature of the current year. The subject is one of great interest to the student of forensic medicine. It throws a vast flood of light on the recent case before the criminal court of Memphis that attracted an almost world-wide celebrity.

Psychiatric study and investigation cover a difficult field, and

th e efforts of so distinguished an authority, we know, will be gladly welcomed and appreciated. The many illustrative cases cited, with full and specific details in most instances, do much indeed to elucidate this intricate subject. From the author's preface we quote:

"The following pages are addressed to earnest investigators in the domain of natural science and jurisprudence. In order that unqualified persons should not become readers, the author saw himself compelled to chose a title only understood by the learned, and also, when possible, to express himself in *terminis technics.* It seemed necessary also to give certain particularly revolting portions in Latin rather than German." [The Latin being untranslated in this edition].

The work of the translator is well and satisfactorily executed.

CHOLERA, Its Protean Aspects and its Management. By DR. G. ARCHIE STOCKWELL, F. R. S.; Member New Sydenham Society, London. 12 mo., paper, in two volumes, pp. 306, price 25 cents each. PHYSICIAN'S LEISURE LIBRARY SERIES. GEO. S. DAVIS, Detroit, Mich. 1893.

At this particular time, the subject of cholera is one of no little interest to our entire people, as well as of special interest to medical men. Whether we have a visitation or not, it stands us fully in hand to be well up with everything pertaining thereto, and these two little volumes, that can be read at any oportune interval by the busiest of the busy, will prove particularly and peculiary valuable. The subject is well handled, and old as well as recent authorities have been fully consulted.

THE INTERNATIONAL MEDICAL ANNUAL and Practitioner's Index for 1893. Edited by a corps of thirty-eight department editors—European and American—specialists in their several departments. P. W. Williams, M.D., Secretary of Staff. 626 octavo pages. Illustrated. $2.75. E. B. TREAT, Publisher, 5 Cooper Union, New York.

The eleventh yearly issue of this valuable one-volume reference work is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors is representative in every respect. Numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the Profession,

as providing, at a reasonable outlay, the handiest and best resumé of medical progress yet offered.

The arrangement of the work is alphabetical, and with its complete index, makes it a reference book of rare worth.

In short, the "Annual" is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world. Price, the same as in previous years—$2.75.

DISEASES OF THE CHEST, THROAT, AND NASAL CAVITIES, including Physical Diagnosis and Diseases of the Lungs, Heart, and Aorta, Laryngology and Diseases of the Pharynx, Larynx, Nose, Thyroid Gland and Œsophagus. By E. FLETCHER INGALS, A.M., M.D., Professor of Laryngology and Practice of Medicine, Rush Medical College; Professor of Diseases of the Throat and Chest, Northwestern University Woman's Medical School; Professor of Larngology and Rhinology, Chicago Polyclinic, etc., etc. Second edition, revised and enlarged. 240 illustrations. Octavo, 700 pages. extra muslin, price, $5.00. WILLIAM WOOD & Co., New York.

This is the seventh edition of a very valuable work. It is much more comprehensive than the first, making it an excellent work for the student as well as a book of reference for the busy practitioner. In the preface to the first edition the author states that the design of the work is "to present a complete exposition of the subject of physical diagnosis as far as it relates to diseases of the chest, throat, and nasal passages; to give the essential symptoms of each disease; to point out the symptoms and signs which are of most value in a differential diagnosis; and to outline briefly the proper treatment for the various affections."

The work is indeed a very complete review of the above subjects, and is presented in a readable style. The author quotes frequently from DaCosta in that portion devoted to physical diagnosis. In the outline of treatment he has only given that "treatment which has been found most satisfactory," while due reference has been given to the most recent contributions on pathology. Particular attention has been given to the discussion of the throat and upper air passages. The concluding chapter on "Diseases of the Thyroid Glands and Œsophagus" is brief and yet, perhaps, full enough to meet the aim of the

work. It is well illustrated with very excellent cuts, and, all in all, is a work of much merit.

ACNE AND ALOPECIA. By L. DUNCAN BULKLEY, A.M., M.D., Professor of Diseases of the Skin, New York Post-Graduate Medical School, Physician to the New York Skin and Cancer Hospital; etc., 12 mo., pp. 80; paper, price 25 cents. Detroit, Mich. GEORGE S. DAVIS, Publisher. 1893.

A very excellent number of the Physician's Leisure Library. The subjects of acne and alopecia are presented in a clear, concise, and practical manner. "No attempt has been made to exhaust either subject, and no references are given to authorities," but the individual views of the author are practical and well worthy of consideration.

MANUAL OF CHEMISTRY. A Guide to Lectures and Laboratory work for Beginners in Chemistry. A Text-book, specially adapted for Students of Pharmacy and Medicine. By W. SIMON, Ph.D., M.D., Professor of Chemistry and Toxicology in the College of Physicians and Surgeons, Baltimore, and Professor or Chemistry in the Maryland College of Pharmacy. New (4th) edition. In one 8vo. volume of 490 pages, with 44 woodcuts and 7 colored plates illustrating 56 of the most important chemical tests. Philadelphia, LEA BROTHERS & Co. 1893.

A work which rapidly passes to its fourth edition needs no further proof of having achieved a success. In the present case the claims to favor are obvious. Emanating from an experienced teacher of medical pharmaceutical students the volume is closely adapted to their needs. This is shown not only by the careful selection and clear presentation of its subject matter, but by the colored plates of reactions, which form a unique feature. Every teacher will appreciate the saving of his own time, and the advantages accruing to the student from a permanent and accurate standard of comparison for tests depending on colors, and frequently upon their changes. To the practitioner, who is likely at any time to be confronted with important pathological or toxicological questions to be answered by the test tube, the volume will be of the utmost value. Such it has proved in the past, and the author has accordingly been enabled through frequent and thorough revisions to keep his work constantly in touch with the progress of its science and the best methods of its presentation.

DIET FOR THE SICK. By MISS F. HIBBARD, Principal of Nurses Training School, Grace Hospital, Detroit, and Mrs. Emma Drant, Matron of Michigan College of Medicine Hospital, Detroit; to which has been added COMPLETE DIET TABLES for various diseases and conditions, as given by the highest authorities. Detroit, Mich. THE ILLUSTRATED MEDICAL JOURNAL Co., Publishers. Paper, 74 pages. Price, postpaid. 25 cents; 6 for $1.00.

This little book is a worthy supplement to any cook book, as it deals only with the dishes suitable for the sick and convalescent; the receipts being favorite ones in use daily in the hospitals wherein the authors are employed. It also gives various nutritive enemas. The physician can use it to advantage in explaining his orders for suitable dishes for his patient, leaving the book with the nurse.

A PRACTICAL GUIDE FOR BEGINNERS to the Dissection of the Human Body, by Irving S. HAYNES, Ph. B., M.D., Demonstrator of Anatomy in the Medical Department of the University of the City of New York; etc., etc. Oblong 12 mo., cloth, pp. 250., price $1.00. E. B. TREAT, Publisher, 5 Cooper Union, New York.

This is a very excellent guide for young anatomists, comprising improved methods and formulæ of work to be accomplished; so essential to beginners; It is intended to supply the absence of detail, noticed in the large works on descriptive anatomy, and give the separate grouping of muscles, vessels, nerves, etc. Alternate pages are left blank, affording excellent opportunity of getting down notes during the progress of the student. Its size adapts it to the pocket.

HISTORY OF THE LIFE OF D. HAYES AGNEW, M.D., LLD. By J. HOWE ADAMS, M.D. With fourteen full-page portraits and other illustrations. In one large Royal Octavo volume, 376 pages, Extra Cloth, beveled edges, $2.50 net: Half-Morocco, gilt top, $3.50 net. Sold only by Subscription. Philadelphia: THE F. A. DAVIS Co., Publishers, 1914 and 1916 Cherry Street.

We are in receipt of the above biography and, hail with pleasure the written life of one who was not only good but useful in his sphere of life. He was simple in his tastes, yet great in achievements, and his name will be handed down to posterity as one of the great luminaries in our profession. The anthor has depicted with rare ability the life and great work of Dr. Agnew, and we cordially recommend it to our readers, not only as a fine production, but the portraiture of a life worthy of study and immitation.

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

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DEERING J. ROBERTS, M.D., - - *Editor and Proprietor.*

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Original Communications.

CANABINÆ AND APOCYNACEÆ; AND THE EVIL RESULTS CAUSED BY CONFOUNDING THE NAMES OF THE TWO SPECIES.

BY Q. C. SMITH, M.D., OF AUSTIN, TEXAS.

That the inexcusable confounding of the names of these two distinct and markedly different species of medicinal plants, by the authors of many standard medical works, and other medical writers, has been largely the cause of the deplorable confusion and backwardness of the knowledge of many physicians and druggists, in reference to the respective separate and distinct botanical characteristics and therapeutical pecularities, properties and value of these two species of plants, there can be no doubt.

Nor can there be doubt that this uncalled for, unnecessary and deplorable confusion of the *names* of *hemp* and *apocynum*,

is mainly the cause of the unmerited neglect of the use (at least in the United State) of both of these valuable remedies, especially the latter. Yet, there is no good reason why the names of any of the numerous varieties of these two distinct species of plants should have come into interchangable use, for none of the many varieties of these two species of plants resemble each other in any particular whatever. But, on the contrary, there are momentous reasons why their names should be kept as widely separate and distinct as their respective and proper names, general appearance, botanical characteristics, and widely differing therapeutic properties would indicate.

All the *hemps*, properly speaking, belong to the numerous order of urticaceæ, all of which are non-lactiferous, and annuals, regardless of climate where grown.

The medicinal representative of this species is cannabis sativa; therefore, of this variety of the cannabinæ only will we particularly treat. While all of the numerous varieties of the apocynaceæ are lactiferous, and perennials, from the small shrub of cold climates to the great cow-tree of Guiana. But as the medicinal representative of the apocynaceæ is the so-called apocynum "Cannabinum," we will treat only of it particularly, and more especially as its mischief-making name has caused so much confusion, trouble and injury.

This so-called apocynum—"hemp"—is designated in some standard medical works as "Indian hemp," again as "American hemp," and also as "Canadian hemp." Using these incorrect and most mischievously confusing names synonomously, when it is plain as broad day-light that the plant in question is not a *hemp* at all. Neither does it in any way resemble any variety of the hemps in either physical appearance, botanical characteristics, or therapeutic properties.

Now, it is plain that, properly speaking, India hemp is grown in India, and American hemp is grown in America, and Canadian hemp is grown in Canada; and still plainer that the so-called apocynum—hemp—is not hemp at all, and to class it with the hemps, in name or otherwise, is incorrect, misleading, confusing, and pernicious in the last degree.

Some manufacturers of Galenical preparations label their extract of apocynum, "Extract of Canadian Hemp," which the

U, S. P. & D., and some other standard works, authorize them to do, but for which pernicious error there is no excuse whatever. American manufacturing chemists do not procure their supply of the plant, apocynum, from Canada, as it grows more plentifully and luxuriously in many parts of the United States.

This useless and pernicious confusion of hemp names has led some dispensing druggists to think that hemp is hemp regardless of the prefix or affix thereto attached in the books, and truly so it is. So, when such druggist receives a prescription calling for so much "Ext. Canadian hemp," they promptly put in the amount of "Ext. Cannabis Indica," regardless of the condition or welfare of the patient, or the reputation of the prescriber, for indeed do not the books call apocynum, "Canadian hemp," "Indian hemp?" So, who is to know, or who is to tell the difference between Indian hemp or the hemp of India? Of course, the author doctors, who are responsible for such druggists' confused ignorance, should inform themselves more fully and correctly. For the momentous fact remains—lauded Avonian wisdom to the contrary—that there is much in a name.

Therefore, manufacturing chemists should carefully restrict the use of the name "hemp," in any language, to the preparations of hemp only, and thereby greatly aid in dispelling the pernicious ignorance and confusion that has so long enveloped this subject, and also promote the wider and more intelligent use and differentiation of both these invaluable remedies.

Of the curative value, and proper therapeutic application of hemp, we would refer to standard works, especially Ringer, Waring, Hare, Goss, Shoemaker, U. S. Dispensatory, American Dispensatory, and Stillé. We have examined a number of other standard works on therapeutics, in reference to the medicinal value of hemp, and find those just mentioned of the best. The toxic properties of hemp have been greatly overrated.

It is probable that hemp expends the force of its therapeutic action, primarily, upon the sympathetic-nervous system; at least its mode of curative action and value is in no way comparable to that of opium, and if its full anodyne and hypnotic effect be desired, full doses of a good preparation should be freely administered. To relieve many conditions of the nervous system, and gastro-intestinal disorders, hemp is a very efficient remedy.

Apocynum.—Many standard works on therapeutics and materia medica fail to tell anything about apocynum, and of the few that do treat of it the information given is vague and meager.

Brunton says: "In small doses it is a laxative, in large doses emetic and cathartic. Acts on the heart as a cardiac tonic like digitalis, and is also diuretic. It is chiefly used in dropsy."

Goss kindly lights the way a little further by saying: "I use apocynum a great deal in atonic dropsy."

Both these eminent authorities write vaguely, as though dropsy was a nosological or pathological entity, while they and every one else well know that dropsy has long ceased to be considered otherwise than a symptom, and one of various import and origin.

We have yet to learn of atonic dropsy, as Goss would lead us to infer there might be. Brunton could not have written from experience when he said: "apocynum acts like digitalis; nor is it a desirable emetic or cathartic for general use," as his writing would lead us to infer. If used to produce emesis it is a poison rather than a remedy; and, when administered as a hydragogue cathartic, the patient is unnecessarily injured, and better curative results would be obtained by the use of small non-perturbative doses. As is well known, apocynum was a favorite remedy among the early settlers in many rural communities in various localities of the United States. Their knowledge of its remedial value, methods of preparation, and indications for application, having come down to them from that obscure and vague but inexhaustible source of information, aboriginal tradition.

The leaders of scientific medicine have done little to develop or make known the unique therapeutic properties of this long-known, valuable remedy; at least we are unable to find much to their credit thereof. We have never been able to ascertain just how this, or anyother remedy, produced its curative results, believing that large, careful clinical observation must be our only trusted guide and criterion in estimating the true remedial value and proper mode of application of any and all therapeutic agents and measures. And, desiring "a golden cord upon which to string our pearls," we could not resist the temptation to propose a provisional hypothesis that would, at least in some small degree, explain the modus operandi of apocynum. This hypothe-

sis, which has at least the merit of plausibility, is that apocynum, in remedial doses, primarily, especially impresses the sympathetic-nervous system, thereby directly stimulating the adenoid tissues of the body, both internal and external, causing these glands to improve the quality and increase the quantity of their several secretions, and to increase their emunctory activity, and thereby improve the quality of all the fluids and tissues of the body, increasing the solving power of the body-fluids, and thereby aiding and expediting the elimination of excrementitious substances. Hence, the diuretic power of apocynum; not by increasing renal blood-pressure—like digitalis and strophanthus—but by its property and power of solving uric acid, which solution at once becomes a powerful normal diuretic. Doubtless it is by this mode of action that apocynum relieves the pain of gout, some forms of rheumatism, migraine, and so-called bilious headache; the pathological substratum of which is a plus-normal amount of uric acid in the body-fluids or solids, or both.

The elimination of uric acid, and other excrementitious products, by the use of apocynum, is less perturbating, if small doses be used, and more permanent than when relief of similar conditions is obtained by the administration of the alkalies, quinine, coal-tar derivatives, or by opium.

The circulation of a plus-normal amount of uric acid in the body-fluids powerfully depresses and disturbs the pleasant-going equilibrium of the sympathetic-nervous system; hence, our hypothesis points the way to the well-known diuretic and gland action of apocynum. That this tonic action upon the sympathetic nervous system, thereby increases the force and thoroughness of the circulation of the fluids of the various organs and tissues of the body, thereby increasing the solving and eliminating power of said fluids and organs, is well illustrated by the beneficial results produced by the administration of apocynum to scrofulous patients, as it will relieve irritability of urinary passages, increase the quantity and improve the quality of urine and perspiration, improve the color and appearance of the skin, hasten the healing of scrofulous and other chronic sores, increase appetite for food and improve assimilation. Just here, it may be instructive to remember, that any internal remedy that is of special service in the constitutional treatment of chronic cuta-

neous diseases, will be found valuable in the treatment of chronic pulmonary diseases.

So, we find apocynum a valuable tonic-expectorant in chronic pulmonary diseases; not that it tends to increase the flow of mucus from the respiratory surfaces, but rather to diminish such flow, by diminishing the congestion of the respiratory mucous membranes, more especially after the acute stages have passed. It is also an efficient remedy to aid the removal of the dropsical effusions and exudations in various cavities and regions of the body, especially those resulting from functional renal and cardiac disturbance, and the later stages of pleuritic effusion.

Some therapeutical works, treat of apocynum, as an emetic, cathartic, sudorific, and diuretic, but this representation of the remedy, is grossly misleading, at least to the therapeutist. For apocynum is not emetic or even cathartic, unless administered in toxic doses; and the toxicology of no remedy, can be a guide to its therapeutics, as the writings of some, even eminent authorities would lead us to infer. Neither is apocynum a suitable remedy to produce diaphoresis, speaking in a general way.

But it is a very efficient diuretic, in appropriate cases; but for this purpose, the remedy acts better in smaller doses than is directed in some works on therapeutics. Apocynum, in appropriate cases, sometimes acts well as an anodyne and soporific, by quieting nervous irritability, easing neuralgic pain, and thereby causing sleep.

Apocynum, aided by appropriate clysters, is a very efficient and suitable remedy to remove thread-worms. From the few pointers we have given, it is easy to forsee many appropriate applications of this valuable but much neglected remedy.

Of course, the dose of no medicine, can be estimated with cast-iron precision, for indeed, those who administer medicine by the mechanical rule of weight or measure, not only thereby expose their ignorance of the true principles that should guide the clinician, but must often prescribe excessively large doses, and sometimes thereby sericusly injure the patient. The golden rule being, to prescribe the smallest amount of any medicine, an intelligent acquaintance with the therapeutical properties and powers of which, would lead the prescriber to believe would be sufficient to produce the desired results, the past and present cir-

cumstances, conditions, and personality of the patient receiving deliberate consideration.

The usual doses of apocynum, we administer to adult patients, are three to ten drops of the fluid extract every three hours to three times a day, preferably soon after meals; and usually combined with such other remedies as may be indicated in any given case.

We earnestly hope, that writers, manufacturing chemists, druggists, and physicians, will cease to designate apocynum, by erroneously calling it hemp.

A FIBROID TUMOR COMPLICATING DELIVERY.*

BY T. J. CROFEORD, M.D.,

Clinical Lecturer on Gynecology in Memphis Hospital Medical College, Memphis, Tenn.

On December 6th last, at her home in Arkansas, one hundred miles away, I saw Mrs. P., aged 30, married four years, no children. She was now six months pregnant. Had been in labor six days, but the uterus could not empty itself on account of a tumor so shaped as not only to block up the pelvis below the uterus, but was so grown in and around the cervix as to prevent its dilatation.

The pregnant uterus was high up and to the left of the median line. The tumor was lower down, and occupied mainly the right side of the abdomeu, but no line of demarcation could be made out between the two. The abdomen, however, presented a nodular feeling. No one would have been impressed with the idea of pregnancy but for the subjective symptoms and the condition of the breasts. Neither by the aid of these could a positive opinion be ventured, yet the opinion was that whatever else existed, pregnancy also existed- The possibility of a bifid uterus in which a double pregnancy had taken place suggested itself.

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*Read at the Sixtieth Annual Meeting of the Tennessee State M edical Society, April, 1893, at Nashville, Tenn.

Also the possibility of a simultaneous intra and extra-uterine pregnancy was considered. The likelihood of there being a fibroid condition of the womb, with an attempt to deliver a submucous polyp was not overlooked. Notwithstanding I myself removed a nodulated, adherent, polycystic ovarian tumor, with a feel very like this case, and owing to the presence of a peritonitis, pains not unlike those in the case before us were present, yet the impression was that pregnancy was complicated by and delivery interferred with by an ovarian cystoma. The vaginal portion of the tumor, shown in Fig. 1, was supposed to be a lobule of the cyst. The vagina being lengthened by a partial lifting of the tumor out of the pelvis, this lobule could not be so plainly felt at this time. It was with the greatest difficulty that the cervix could be reached.

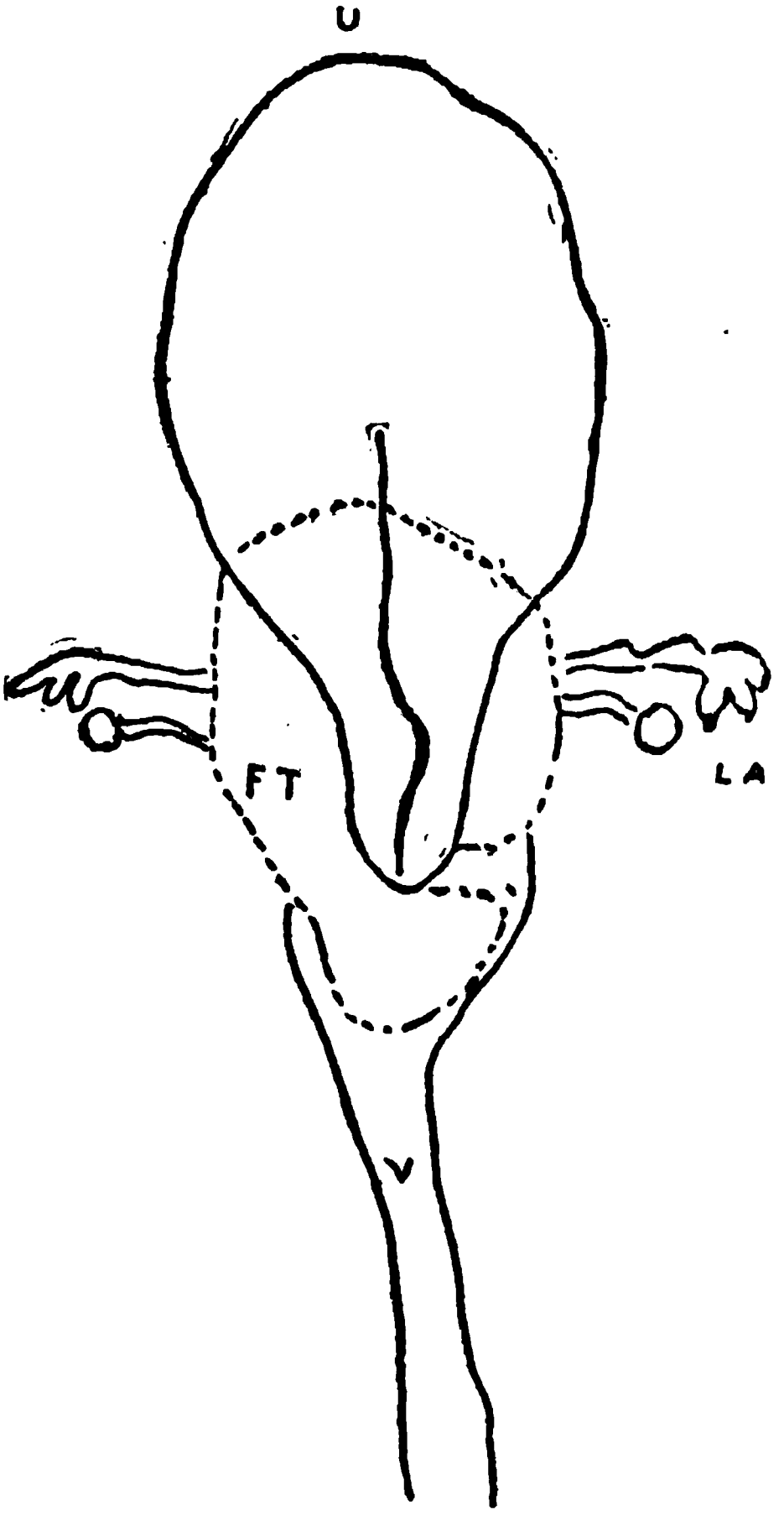

FIG. 1. U.—Uterus containing fœtus. L. A. and R. A.—Left and Right Appendages. F. T.—Fibroid Tumor encircling the neck of the womb and mechanically blocking up the same below. V.—Vagina on the stretch.

The concensus of opinion among the physicians present was that a Cæsarian section, supplemented by a Porro was imperative, she having been in labor six days. Owing to the unwholesome surroundings, the want of proper assistance and a nurse of sufficient training, with whom to leave such an important case, I

shrank from so formidable an operation here. She was at once removed to my private sanitarium, one hundred miles away. Memphis was reached by rail at midnight, with a very much exhausted woman, and six o'clock the next morning appointed for the operation. Her suffering continued unabated and her exhaustion was not to any extent relieved by the few hours of delay from midnight till morning. Morning came. Owing to her exhausted condition it was not believed she could survive a Porro operation. It was then thought proper to make a great effort to deliver from below rather than subject so weak a woman to so formidable a procedure. Accordingly the patient was anæsthetized, placed upon the operating table and secured in the lithotomy position. Then by making considerable pressure upon the vaginal portion of the tumor, it was somewhat pushed aside and by great traction upon the mouth of the womb this organ was brought to some extent downward. After forcibly dilating it I finally succeeded in introducing a hand and getting hold of one foot of the fœtus. By means of traction the child was finally delivered. The Crede method on the part of an assistant, who used both hands, combined with traction from below by myself, finally brought away the whole of the placenta. The patient was rallied under hypodermics of strychnia and other stimulants, from her exhausted condition. She, for a time, progressed somewhat favorably, though far from being free from pain. The sepsis continued, however, in spite of daily uterine irrigation. It was of course impossible for me to tell the nature of the remaining tumor, which, after it had settled down, filled the whole pelvis and extended half way up to the umbilicus. The womb, which could be felt to the left, was rapidly undergoing involution. The tumor was not getting smaller, but simply settling down in the pelvis. The fact of its not reducing in size caused me to strongly suspect an ovarian growth, notwithstanding the nodulated feel was apparent. No line of demarcation could yet be made out between it and the uterus. At the expiration of two weeks her condition was growing perceptibly worse. On the seventeenth day after delivery abdominal section was made and revealed the condition shown in Fig. 2. It was now evident that the enlargement of the womb must have been chiefly due to a growth of the fundus

above the point at which the Fallopian tubes are given off, and that the uterus and tumor sustained a relation to each other as shown in Fig. 2.* Upon intra-abdominal examination the tumor was found to be formidably adherent to the surrounding viscera. The increased time required for performing hystero-myomectomy incident to this complication would be fatal to the patient in her weakened condition. Therefore, as speedily as possible the appendages on each side were removed and the abdomen closed. The patient was put in a warm bed, only twenty minutes being consumed in the operation. Her recovery from the operation was perfectly satisfactory. She did not appear to be weakened by it. Since we could not take away the tumor, the object in removing the appendages was to cause an atrophy or shrinkage of the tumor, which will be done in this variety of growth in a very large per cent. of cases. Uterine irrigations were kept up daily. Six days later the septic symptoms became still more formidable, the temperature going up to 106° and the pulse 145 beats per minute. Upon investigation the lower portion of the tumor as well as the whole interior of the canal was found to be in a septic and sloughing condition. The patient was again anæsthetized, and placed upon the table in

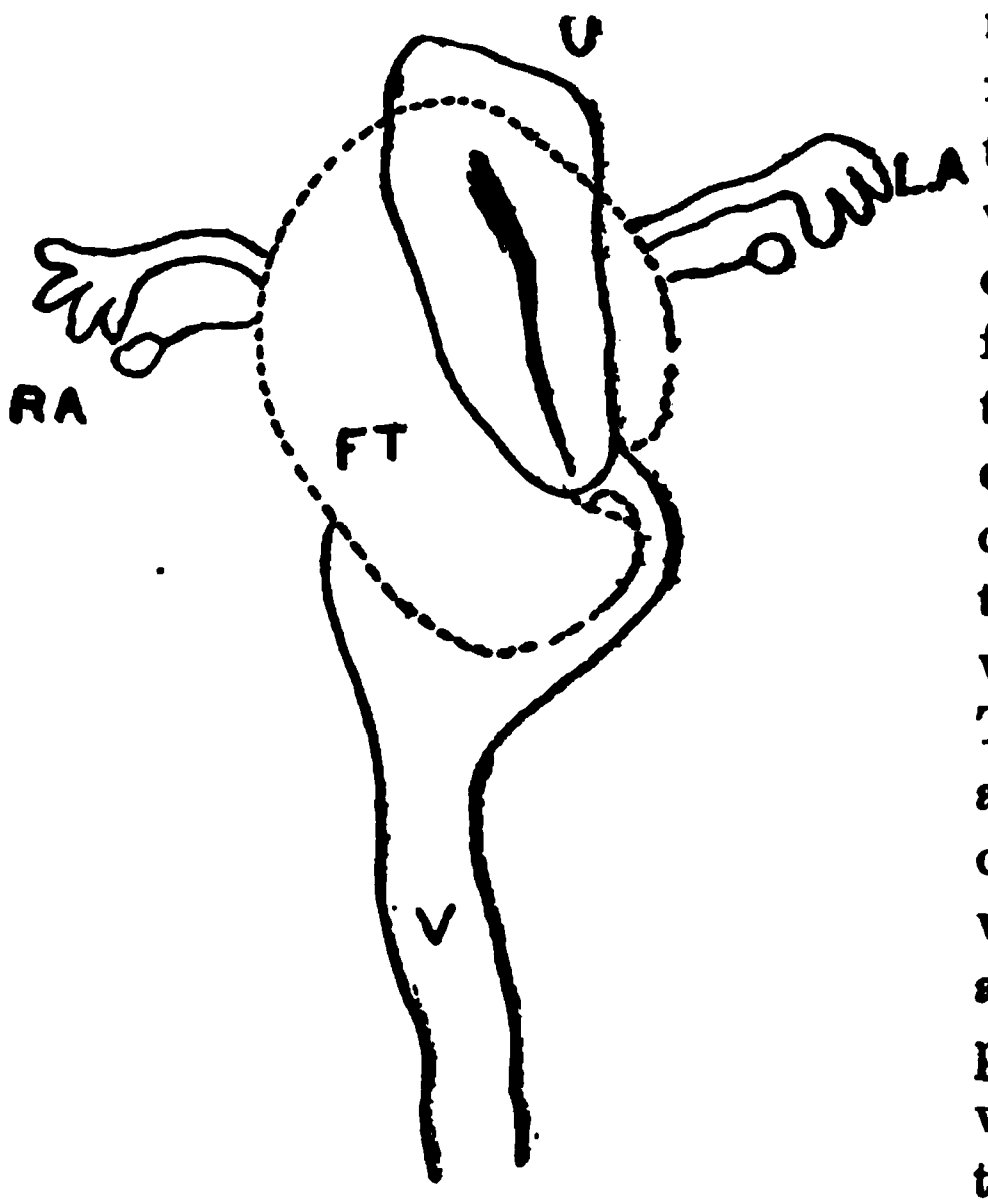

FIG. 2. U.—Uterus undergoing involution. L. A. and R. A.—Left and Right Appendages. F. T.—Fibroid Tumor. V.—Vagina.

*It will be understood that the lines of differentiation shown in the drawings, between the tumor and the uterus, in reality did not exist. The tumor grew into the walls of and around the entire circumference of the uterus, holding it as in a vice.

the lithotomy position. Large sections of the lower portion of the tumor were removed by the scissors and the oozing surface cauterized with the thermo cautery, the whole of the uterine canal thoroughly curetted, irrigated and packed with sterilized gauze. She did better for three days, when this procedure was required to be repeated. This was done some half dozen times, till almost the entire fibrcid tumor and a portion of the uterus was removed by morcellation, added to the above named procedure. The patient finally mode a complete recovery.

Whilst this case teaches that it is not wise to apply the popular radical measures of the day to all such cases irrespective of the conditions existing, yet the fact of the successful termination of this case should not be looked upon as an evidence of the superiority of the measure adopted, over the Porro operation, for there can be no doubt that in this class of cases the Porro, in experienced hands, offers safety beyond the measures here adopted; provided the case be seen before exhausted. The modern radical measures of dealing with these cases meet with the approval of the advanced element of the profession, because statistics establish the fact that they are the safer. It is well known that emergency operations make up a large per cent. of the death rate following surgical interference. Obstetric operations are no exception to the rule. Symphysiotomy, which is lately becoming deservedly popular, would have given no relief here, because the obstacle to delivery was above the plane of the pelvis. Neither could the Cæsarian section and Porro be employed with any reasonable hope of safety on account of the exhausted condition of the woman. Thus we had an emergency case with the time past at which we could choose measures, but were forced to accept the means that we did as in our opinion the only feasible procedure which could with any reasonable hope of success, be adopted in this case at this time. There could be no election. It was the emergency of emergencies.

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Selections.

CONVULSIONS IN CHILDREN.—This subject was discussed at the last meeting of the Section on Pædiatrics, New York Academy of Medicine. Dr. Langdon Carter Gray spoke about the differential diagnosis of the various forms of convulsions. He stated that convulsions due to organic lesions, such as meningitis, encephalitis, and hemorrhage, were best diagnosed by the mental defects which would be noticed to follow them. Convulsions due to peripheral irritation most frequently had their origin in putrefaction of food in the alimentary canal. They were seldom or never caused by genital irritation.

Dr. H. W. Berg said in regard to the pathology and treatment of simple eclampsia in children, that the cases could be divided into three classes: those in which the convulsions were due to high fever, those in which they were of reflex origin, and those in which they were toxæmic. The primary irritation producing a convulsion might be in any portion of the nervous system, bnt the real starting point was the medulla. The mechanism regulating the heat-loss and heat-distribution of the body was in the medulla also, and was in close contact with the motor fibres passing through it. Disturbance of this center might thus act as a factor in causing a convulsion. The rise of temperature in status epilepticus might perhaps be explained by this anatomical fact.

The first step in treatment consisted in making a differential diagnosis. His custom was to first take the temperature. If this were found above 102°, he used antipyretic measures and was often enabled in this way to dispense with antispamodics. Sponging with alcohol one part and water three parts was employed, and antipyrine in three to six grain doses by mouth or rectum. An enema was given, and an ice-pack applied to the head. In reflex cases the stomach and rectum should be emptied. In toxic cases a hot-pack, a mustard bath and diuretics should be employed.

Dr. G. M. Hammond discussed the effect of early diagnosis and treatment in preventing after-effects. He said that the importance of this matter became apparent in the statement of Gowers, that one-eighth of all the cases of epilepsy began during the first three years of life. *Petit mal* was frequently overlooked in young children, and it would be well for the physician to consider the possibility of its existence in cases giving a history of frequent falls without apparent cause. Parents were usually entirely ignorant of the possibility of such a condition, and paid little attention to these mild attacks until stupidity or uncleanly habits drew their attention to the mental defects of the child. Epilepsy had a tendency to become organic in the delicate growing brain of a young child.

Convulsive attacks were never trivial, and when a child had already had one, preventive measures should be adopted. A reflex irritation in a nervous system defective by heredity was the usual cause, It was therefore important that the physical development of such a child should be carefully attended to. It was foolish to push the intellectual development of these children at the expense of physical robustness. If epilepsy was already present, the diet became an important feature in the treatment. The digestive organs were always sluggish in epilepsy, and careful management of the food was necessary. The quantity of food should be regulated. Milk should enter largely into the dietary; it might be peptonized. Digested proteids were also valuable. Medicinally, no remedy had yet been discovered that was so universally useful as the bromides. They should be given in doses just large enough to prevent the occurrence of the paroxysms, no larger, and should be continued for one and a half or two years after the paryoxysms had ceased. The majority of cases could be cured, if taken early. Dr. Walter L. Carr believed that rachitis was a frequent cause, especially because of the catarrhs of the digestive tracts so prevalent in cases of that disease. The so-called febrile cases he thought were of toxic origin.

Dr. Downing was of the opinion that teething seldom operated as a cause of convulsions, nor did he think that fever was important unless it reached 104.° His treatment consisted in the use of chloroform, if the case was urgent and of chloral.

Dr. Chapin said that he had noticed that in cases of simple eclampsia there was usually some rise of temperature while in epilepsy there was none.

Prof. J. Lewis Smith said that his long experience at Bellevue had shown him that most most cases of epilepsy could be traced back to eclampsia in childhood. He believed then that early treatment might prove to be preventive. He had treated many cases of convulsions before bromide and chloral were added to our therapeutic resources, and had often remained with a case as long as twelve hours. Since the introduction of these remedies the duration of these cases was much shorter. Sixty grains of bromide were given in one dose to a child a year and a half old, by mistake, with the effect of quieting the convulsion, and without injury to the child. He also used chloral, in doses of three to five grains by rectum, in a child a year old.—*W. L. Russell, N. Y. Correspondent Alabama Med. and Surg. Jour.*

THE AMERICAN DISEASE.—Dr. Beard so named it some twenty-five years ago. It is civilization run mad. It is this everlasting rush in business and professional life, and irregular mode of life. It is work, worry and the fight for glory, wisdom and wealth, which continually agitates the brain of the American. The ambitious man in our country cannot help it. It is encouraged by our form of government. There is practically no class barrier like in most other nations of earth. The prize is to him who will and does. Perseverance will bring its reward. Merit is recognized and spans the chasm between the poor and the rich, the cabin and the cabinet. With all this study and worry and striving and grasping for wealth and place, and the sharp competition in the race, there is but little time devoted to recreation or rest of body or mind.

To maintain a normal condition of the human organism, the repair and waste must balance each other. If there is a lack of assimilation from whatever cause, the tissues are starved. If the waste product is not carried off, the tissues become poisoned.

It is the duty of the nervous system, through the nerve cell, to select the proper nourishment from the blood, and to throw

off all waste matter. The nervous system is, then, never at perfect rest. The cells are constantly at work.

Every thought, emotion and care of every kind uses up more or less of the nerve substance and converts it into waste product. If this waste is not in excess, it is cared for—eliminated; but if in excess, it remains in the system and poisons it.

Either starvation of the nerve cells or the waste products remaining in the system interferes with the normal function of the cells, and a deviation from health begins. Plenty of food may be taken, but from the constant demand made on the nerve centers, they become exhausted, and there is malassimilation from inability of the nerve cells to take up or appropriate the food furnished. Owing to this exhaustion, the healthy food taken may not be properly prepared or digested, and another dangerous factor is added to the list.

These persons are usually neither well nor sick. They call upon the physician because they know not what else to do. They are uneasy and restless when not occupied in their business or with their work. They may be troubled with insomnia. They feel peevish, and cannot hold to one thing long at a time. Concentration of thought becomes impossible.

They are cross and quarrelsome, or they may become listless and lose interest in their employment, become forgetful. They are easily confused or they become over sensitive. The appetite may be good, but irregular. The constipation may be obstinate, or it may alternate with a diarrhœa.

To cut a long story short, they have the American disease, and they must have rest. It is not sufficient to say to these people "quit work." They must be occupied in body and mind. They must get away from their business or monotonous, annoying surroundings. If they can travel, and it affords them pleasure and recreation, let them do so. But many of these persons are not able financially to go to Europe or to the mountains, and fortunately do not have to do so for rest. They have some friends in the country, or *vice versa*, to whom they can go and spend a few months; or they can get in their wagon and travel and camp out, fish, hunt, visit and grow fat; or they can get on the train, take a tent and go to some desirable place and camp out the season at a trifling cost.

Let them rough it for a season, throw work aside and "physic to the dogs," and the morbid appetite or anorexia will soon become normal, the nervous centers will soon get control and health will be restored.—*Kansas Med. Journal.*

THE VALUE OF PONCA COMPOUND.—More and more, as time passes and the smoke of discussion gives way to solid conviction, is the profession impressed with the thought that there are many of the diseases of women and girls, which, under no circumstances, require or should receive manipulative or mechanical treatment. Indeed, conscientious physicians, recognizing the neurotic factor, and granting to the uterus and its appendages the privilege of being locally disturbed by constitutional conditions, are ready to receive gratefully and enthusiastically such a remedy as ponca compound. It serves as a general stimulator of secretions, and a tonic in general. The endorsement of such men as Dr. A. M. Owen, of Evansville, Ind.; Dr. Thos Hunt Stuckey, of Louisville; Dr. Arch Dixon, President of the Kentucky State Medical Society; Dr. Wm. F. Kier, of St. Louis, and hundreds of others scattered over the country, is convincing proof of the value of ponca compound.—*Med. Mirror.*

AMERICAN VS. FOREIGN PHARMACEUTICAL ARTICLES.—Inconsistency is probably the most common failing of mankind. We find lots of doctors who are unwilling to use an American proprietary article, such as advertised in the medical journals, yet doctors and medical journals take up foreign articles, even when the formula is *secret* and *patented*, and use them.

Why can't an American pharmacist make as good a thing as a German, for instance? Further, the former does'nt talk about a trade mark and *conceal his formula.*

This country is getting old enough to let go the leading strings and lead itself. If you can get a good non-secret preparation in America what on earth is the use of importing some patented article from abroad? Be consistent.—*Atlanta Med. and Surg. Journal*, May, 1893.

HYPODERMATIC METHOD IN THE TREATMENT OF SYPHILIS.—In an article on this subject in the *University Medical Magazine*, June, 1893, Dr. J. William White, after quoting the opinions of Neumann, Neisser, Fournier, Hutchinson, L. B. Bangs, W. T. Bellfield, A. S. Garrett, W. Frank Glenn, J. Nevins Hyde, and other syphilographers, concludes as follows:

"In the light of the evidence presented above it seems to me safe to assert that: (1) The hypodermatic treatment of syphilis has not yet shown results which warrant its adoption as a routine method to the exclusion of or in preference to other methods, but on the contrary has some apparently insuperable disadvantages and even dangers, which render it improbable that it will ever be so adopted.

(2) The circumstances under which hypodermatic medication should be employed may be summarized as follows: (*a*) Those cases in which other methods of treatment have been tried and failed; (*b*) those cases in which, owing to idiosyncrasy or intercurrent disease, the skin and the digestive tract cannot be used for the introduction of mercury; (*c*) those cases in which, owing to grave and advancing lesions, rapid mercurialization is absolutely necessary; (*d*) those cases in which obstinate localized lesions can be most directly reached by this plan; (*e*) possibly those cases referred to by Jullien, in which early differentiation between syphilis and malignant disease, or tubercular ulceration, is extremely important, should be included in this list; I certainly feel inclined to employ the method in all doubtful cases which admit of it, particularly in those conditions of the tongue which often leave the surgeon for a considerable time in doubt as to their exact nature; anything which promises to shorten this period of doubt, by rendering the therapeutic test more rapid and more certain, would be of great advantage; I should, however, in such instances, feel obliged to use potassium iodide by the mouth at the same time; (*f*) a theoretical possibility of the employment of mercury hypodermatically has suggested itself to me, but I have not as yet actually employed it. It may be that its use by this method will aid in shortening the period of doubt which often intervenes between the appearance of the primary sore and the development of general adenopathy, or of the exanthemata. If in the presence of a sore of uncertain character

the employment of mercury hypodermatically resulted in rapid cicatrization, no local treatment being employed other than cleanliness, it might occasionally throw light upon the case without being open to all the objections which attend the systematic and slower administration of mercury by the mouth. It is possible that the idea is worth a trial in exceptional cases, but I do not think it should be adopted as a routine practice.

(3) As to the choice between the two great classes of mercurials, the soluble salts are to be perferred to the insoluble in the large majority of cases as more exact in the matter of dosage and much less dangerous and less likely to be followed by local disturbances. They are always to be used when there is need for rapid mercurialization.

The insoluble salts should probably be reserved for those cases in which frequent visits to the surgeon are impossible, and in which no contra-indications exist. In cases of defective kidneys, diabetes, profound anemia, marked atheroma, great debility, etc., such methods are dangerous, and the case, even if urgent, will probably do better under some other form of treatment.

(4) Finally as to the special preparation to be employed: Among the soluble salts the bichloride is probably to be preferred. The results from its use are not strikingly different from those obtained from the other compounds of this class, but its stability and great solubility and its germicidal qualities seem to warrant its selection. The disadvantage is the pain which it causes, but the evidence in this direction shows that in the hands of impartial investigators not responsible for the introduction of the particular substance employed each of the salts on the list produces a considerable amount of pain and a not inconsiderable number of accidents or complications. Probably the bichloride is freer from objectionable features in respect especially to the production of suppuration than any of the salts of mercury.

Among the insoluble salts, calomel and the yellow oxide are to be preferred. It would appear that the latter is a little less active, but at the same time much less irritating. Gray oil is the most available form of administering metalic mercury.

THE INTERNAL SECRETIONS.—The alleged cures of my exdema following the ingestion or the subcutaneous injection of fresh thyroid juice have of late directed considerable attention to this subject. The first intimation that the ductless glands might convey to the blood certain substances essential to nutrition was given in 1856 by Brown-Sequard, who claimed that the function of the adrenals was to destroy a substance in the blood which was readily transformed into pigment. The experiments which led to this deduction were instituted the year following the publication of Addison's celebrated monograph on the "Constitution and Local Effects of Disease of the Suprarenal Capsules."

As early as 1869 Brown-Sequard expressed the idea that other glands conveyed to the blood certain substances which played an important role in the phenemena of nutrition. Such secretions as were conveyed at once to the blood were termed *internal secretions*, in contradistinction to those which were discharged through the excretory ducts and were termed *external secretions*.

In 1883 Schiff and Kocher demonstrated by an extended series of experiments that the removal of the thyroid body induced the symptoms of myxedema. These experiments led first to the grafting of thyroid glands in sufferers from this disease, and more recently to the injection or ingestion of the fresh juice of the gland. Numerous observers in England, France and Germany have given testimony to the value of this treatment. In some cases of ten or twelve years' duration the symptoms seem to have disappeared after a few months of treatment. In view of these remarkable recoveries, it would appear that an important addition had been made to the pathology and therapy of certain obscure diseases.

At least three theories have been formulated to account for the effect of the thyroid secretions on the symptoms of myxedema. The first is that the gland conveys to the blood a substance necessary to the maintenance of normal nutrition. The second theory, and the one generally accepted, is that a substance is discharged into the blood which renders inocuous certain toxic principles generated in the process of metabolism. The latest theory is expressed by Macalister, in the *British Medical Journal*, for April 8, 1893. He believes that the thyroid body adds

something to the blood which controls the growth of mucous tissue, which is the predecessor of connective tissue.

The view that glands with excretory ducts also furnish internal secretions has been confirmed by the discovery of sugar in the hepatic vein, and more recently by the results which have followed experimentation on the pancreas. Lancereaux, von Mering, Hedon, Minkowski and others demonstrated that disease or ablation of the pancreas was capable of producing the symptoms of diabetes mellitus; but a still more important discovery was made by the last two investigators, who found that the symptoms did not develop when a portion of the pancreas was allowed to remain, or when a portion was grafted under the skin of the abdomen. From these experiments but one conclusion can be drawn, which is that the pancreas furnishes a more important secretion than that which is conveyed to the intestine through the duct of Wirsung, one which is discharged into the blood, and whose presence is essential to the completion of the normal glycogenic function.

In the number of the *British Medical Journal* already referred to, Macalister claims to have produced remarkable improvement in a case of pseudo-muscular hypertrophy by the daily administration of a thymus gland. The fact that this disease fails to develop after adolescence suggested that it might be due to the premature cessation of some secretion which during early life possibly exercises an inhibitory function over the production of the fibrous parts of the muscles, and since the period of development of pseudo-muscular hypertrophy corresponds to the period of functional activity of the thymus gland, Macalister was led to select the juice of this body as a remedy.

The discovery of the important functions possessed by these various glands would make the pathogenesis of such affections as Addison's disease, diabetes mellitus, and myxedema tolerably clear were it not for the fact that typical cases of Addison's disease and diabetes mellitus not infrequently occur in which no lesions can be demonstrated in the adrenals in the former, nor in the pancreas in the latter. In many cases in which these organs have been apparently normal, changes have been observed in the nervous system, and it seems not improbable that the diseases alluded to may result not only from organic changes in the

structure of the glands, but also from an inhibition of their function. This view is not extraordinary, since it has long been maintained that disturbed innervation may cause jaundice, may inhibit the function of the kidney and cause anuria, and may influence the secretions of the salivary, mammary and other glands.

Leaving out the single instance of pseudo-muscular hypertropy above alluded to, myxedema appears to be the only disease which has been materially benefitted by the employment of the internal secretions as remedies. While it seems fairly established that certain glands possess the property of imparting to the blood something which favorably influences nutrition, analogy does not suggest and clinical application has not proven, as some claim, that such highly-specialized organs as the heart, brain and spinal cord manufacture or store away substances of special nutritional value.—*University Medical Magazine.*

RHEUMATISM:

℞—Pot. Iodide..... ℥iij.
Tinct. Cimicifuga..... ℥ij.
Vin. Colch. sem..... ℥i.
Fl. Ext. Henbane..... ℥j.
Simple Syrup..... ℥v.

M. Sig. Teaspoonful, well diluted with water every four hours.—*Buffalo Medical Journal.*

A CURIOUS METHOD TO TAKE FOUL AIR OUT OF A WELL.—I saw, says a writer in the *Globe-Democrat*, a curious method used the other day, in Illinois, to take the foul air out of a well. The well was to be cleaned, but the man that took the job was afraid to go down until he had ascertained the quality of the air at the bottom. He let down a lighted candle, and when it descended to about six feet from the bottom it went out as suddenly as though extinguished by a whiff of air. That was all he wanted to know. He was sure it had poisonous gas in it, and took a small umbrella, tied a string to the handle and lowered it open into the well. Having let it go nearly to the bottom, he drew it up, carried it a few feet from the well and upset it. He repeated this operation twenty or thirty times, with all the

bystanders laughing at him, then again lowered the light, which burned clear and bright even at the bottom. He then condescended to explain that the gas in the well was carbolic acid gas, which is heavier than air, and therefore could be brought in an umbrella just as though it were so much water. It was a simple trick, yet perfectly effective.—*Scientific American.*

An Operation for Re-covering the Denuded Cranium.—In the *Medical News* of March 4, 1893, Haldor Sneve describes a method of hastening the healing of wounds of the scalp which was said to have been practised in the far West in cases of scalping. It was supposed to have been introduced by a traveling French surgeon, and consists in making a number of punctures through the external table of the skull into the diplöic structure. Through these openings granulations spring up, and more rapid healing results. The author, in a patient with denuded bone over a space two by two and a half inches, made thirteen perforations one-eighth of an inch deep. The depth was determined by the feeling of lessened resistance to the instrument. The drill used was one-sixteenth of an inch in diameter, and a wooden cork was placed over its end, allowing the point to project one-eight of an inch. On the twentieth day small red points were visible in the openings thus made, which grew rapidly until the whole surfcce was covered with granulations. These were afterward covered with skin grafts, and the whole cicatrized nicely.—*Univ. Med. Mag.*

Chloroform as a Hæmostatic.—As a general hæmostatic for controlling of external bleedings, arterial, venous, or capillary, chloroform is most valuable. Applied on a dossil of lint or cotton wool to the bleeding surface, it promptly stays the blood, acts as a direct stimulant to the patient, and leaves no blood crust to fall off and recommence the bleeding. It is peculiarly suitable for all abdominal operations, as it has no tendency to excite inflammation either in the part to which it is applied or to any of the surrounding tissues.

As an antiseptic application it is more powerful than bichloride

of mercury solution. The addition of gum resins has been suggested, but they would detract from the value of the application instead of increasing it, for the reasons which will occur to any person familiar with the use of solutions of gum resins.—*Medical Press.*

REGULATION OF THE PRACTICE OF MEDICINE IN KENTUCKY. —*Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

SECTION 1. It shall be the duty of the County Clerk of each county to purchase a book of suitable size, to be known as the "Medical Register" of the county, and to set apart one full page for the registration of each physician; and when any physician shall die or remove from the county he shall make a note of the same at the bottom of the page; and said clerk shall, on the first day of January in each year, transmit to the office of the State Board of Health a duly certified list of physicians of said county registered under this law, together with such other information as hereinafter required, and perform such other duties as are required by this law; and such clerk shall receive the sum of fifty cents from each physician so registered, which shall be his full compensation for all the duties required under this law.

SEC. 2. It shall be unlawful for any person to practice medicine, in any of its branches, within the limits of this State, who has not exhibited and registered in the County Clerk's office of the county in which he resides his authority for so practicing medicine as herein prescribed, together with his age, address, place of birth, and the school or system of medicine to which he proposes to belong; and the person so registering shall subscribe and verify by oath, before such Clerk, an affidavit containing such facts, which, if willfully false, shall subject the affiant to conviction and punishment for perjury.

SEC. 3. Authority to practice medicine under this law shall be a certificate from the State Board of Health, and said Board shall, upon application, issue a certificate to any reputable physician who is practicing, or who desires to begin the practice of medicine in this State, who possesses any of the following qualifications: First. A diploma from a reputable medical college

legally chartered under the laws of this state. Second. A diploma from a reputable and legally chartered medical college of some other state or country, indorsed as such by the State Board of Health. Third. Satisfactory evidence from the person claiming the same that such person was reputably and honorably engaged in the practice of medicine in this state prior to February twenty-third, one thousand eight hundred and sixty-four. Applicants may present their credentials by mail or proxy, and the Board shall issue its certificates to such applicants as are entitled thereto as though the applicant was present. All certificates shall be signed by the president and secretary, and attested by the seal of the Board, and not more than two dollars shall be charged for any certificate.

SEC. 4. Nothing in this law shall be construed as to authorize any itinerant doctor to register or practice medicine in any county in this state.

SEC. 5. The State Board of Health may refuse to issue the certificate provided for in section three of this article to any individual guilty of grossly unprofessional conduct of a character likely to deceive or defraud the public, and it may, after due notice and hearing, revoke such certificates for like cause. In all cases of refusal or revocation, the applicant may appeal to the Governor, who may affirm or overrule the decision of the Board, and this decision shall be final.

SEC. 6. Nothing in this law shall be so construed as to discriminate against any particular school or system of medicine, or to prohibit gratuitious services in case of emergency; nor this law apply to commissioned surgeons of the United States Army, Navy or Marine Hospital Service, or to a legally qualified physician of another state, called to see a particular case or family, but who does not open an office or appoint any place in this state where he or she may meet patients or receive calls.

SEC. 7. It shall be the duty of the state and local Boards of Health to bring to the attention of the courts any violations of the provisions of this law within their respective jurisdictions.

SEC. 8. Any person living in this state, or any person coming into this state, who shall practice medicine, or attempt to practice medicine in any of its branches, or who shall perform, or attempt to perform, any surgical operation for or upon any

person within the limits of this state, for reward or compensation, in violation of the provisions of this law, shall, upon conviction thereof, be fined fifty dollars, and upon each and every subsequent conviction shall be fined one hundred dollars and imprisoned thirty days, or both, in the discretion of the jury; and in no case, where any provision of this law has been violated, shall the person so violating be entitled to receive compensation for services rendered. To open an office for such purpose, or to announce to the public in any other way a readiness to practice medicine in any county, shall be to engage in the practice of medicine within the meaning of this law.

Approved April 10, 1893.

FEEDING IN FEVERS.—Peabody (*Medical Record*, November 26, 1892) believes that in all kinds of illness, and especially in fevers, attention must be paid to the appetite and desire of the patient. If a patient is really hungry solid food of a properly selected kind, and in judicious quantities, will rarely disagree with him. He believes there is less danger in doing harm to an ulcerated ileum in typhoid fever by giving finely divided egg, beef or chop than by giving milk. He habitually gives his patients with typhoid, who are hungry, such food. He believes it is a mistake to withhold solid food merely because a patient has fever, and that it is incorrect to regard milk as a fluid food. Milk will always remain the most serviceable general food in disease, but where it fails to nourish the patient, where it is not well borne, where it cannot be taken for any reason, it is well to remember that efficient adjuncts and substitutes are within reach. —*Univ. Med. Mag.*

THE TREATMENT OF URÆMIC CONVULSIONS.—R. C. M. Page, in the New York *Polyclinic* for March, 1893, says that the three things we have to deal with in such cases are the disturbance of circulation, the abnormal sensibility of the nerve cénters, and the vitiated condition of the blood.

The routine treatment by sweating, purging and diuresis is often too slow, and the patient may have many convulsions and

die before relief comes from such measures. They sometimes do harm by weakening the system.

Blood-letting is a powerful means of averting immediate danger. It should only be used in acute, sthenic cases.

Chloroform, the writer contends, is a dangerous and treacherous drug in these cases. Further, the convulsions often return on removal of the chloroform. Ether he postively condemns.

Opium in some form is valuable. In acute cases the hypodermic administration of morphine is of great value. It was introduced by C. C. P. Clark, of Oswego. But opium only allays the irritability of the nerve centres, it does not eliminate any of the poison from the system. For the lesser dyspnœa and palpitation, opium has no equal.

To aid the opium, pilocarpine has been used. The author doubts, however, if it affects any appreciable elimination. In addition it causes much discomfort, and is a dangerous cardiac depressant.

The drug that Dr. Page most strongly recommends is veratrum viride. First, give the usual dose of morphia hypodermically. Immediately afterwards give, hypodermically, five to ten minims of Norwood's tincture of veratrum viride. Brandy or whisky should be on hand in case of depression. The pulse may drop from 120 to 30, but the patients do not die from it.

In the intervals a rigid milk diet is very necessary.—*Ontario Med. Journal.*

TREPHINING FOR INTRACRANIAL HEMORRHAGE.—Elliot (*Boston Medical and Surgical Journal*, cxxviii., No. 6, p. 137) has reported a case of hemorrhage from the middle meningeal artery and one of subdural hemorrhage, in both of which relief was afforded by trephining, controlling the bleeding and removing the clots. In the first case, the patient had fallen a distance of twelve feet upon his head. Consciousness was lost and the pulse became abnormally slow. The pupils failed to respond to light, and the right was dilated. Convulsive movements occurred, and coma set in, with stertorous breathing. No fracture of the skull was appreciable until the scalp had been reflected, when a linear fracture was found, extending from the parietal eminence

down to the base of the skull. On threphining, without anæsthesia, an extra-dural clot, as large as a small fist, was found, and the meningeal artery was seen spurting in the trephine opening. The vessel was lighted by passing a curved needle through the dura, and the clot was removed. There was a deep indentation in the brain, in which the blood rapidly accumulated until it was packed with gauze. The frequency of the pulse increased from 40 to 100 during the course of the operation, and the patient became sensitive to pain, and moved his arms and legs. On the second day intelligence began to return. The wound healed rapidly and recovery was complete. The second patient was kicked by a horse, and was unconscious for about ten minutes. When seen, three hours later, consciousness had returned, but there was difficulty in speech. The protruded tongue deviated to the left. There was a compound fracture of the skull, two and a half inches above the ear, running upward and backward for two and a quarter inches. The depression was an inch wide and three-quarters of an inch deep. The skull was trephined, and the depressed fragments of bone removed. The dura appeared white and uninjured, but bulged into the wound and did not pulsate. Distinct fluctuation indicated the presence of fluid beneath. The dura was incised, and a quantity of blood was found in the arachnoid space. The hemorrhage continued until controlled by a deep packing of gauze. The patient made a prompt recovery. During convalescence there was slight paresis of the upper lip, and for several weeks the tongue deviated to the left.—*Canadian Lancet.*

Boric Acid in Typhoid Fever.—Dr. Tortchinsky has tried boric acid in 240 consecutive cases of enteric fever during an epidemic. The results were excellent; only 9 patients died, every one of whom succumbed during the stage of convalescence, in consequence of getting up too soon, or of dietetic error (*The British Medical Journal*). The remaining 231 made a speedy and complete recovery. In all the cases the patient was first given from 2 drachms to ½ ounce, according to age, of castor-oil, with from 5 to 20 drops of turpentine oil. Immediately after these drugs had acted the administration of boric acid was

commenced, the remedy being given internally, either in powder or in solution, in from 10 to 15 grains to adults, in from 3 to 10 to children, 3 or 4 times a day. When bronchitis was present, the drug was combined with expectorants and hydrochloric acid. As a rule, within from 3 to 5 days fever and diarrhœa markedly decreased, tympanites disappeared, the stools lost their offensive odor and became natural in appearance, the urine became abundant and normal in all respects, the tongue and skin moist, the subjective state good, etc. As soon as the general improvement set in, the acid was discontinued, and tonics were given. Under the treatment the disease ran a very mixed course, its duration was considerably shortened, and complications were very rare. The most striking effects of the acid were obtained in cases which came under treatment in the initial periods of the affection. It was further found that the beneficial action of the remedy could be intensified by combining it with small doses (from 2 to 5 grains) of antifebrin, quinine, napthalin or salol. The combination with quinine proved especially useful in late stages of typhoid, with tremor, delirium, and other cerebral symptoms, as well as in the case of relapses. No untoward accessory effects from boric acid were ever observed. The writer arrives at the conclusion that the method is the cheapest, simplest, most harmless, and most efficacious of all yet known. He also obtained equally satisfactory results from the acid in the summer diarrhœa of children.—*Med. Record.*

Statistics of Anæsthesia.—Professor Swelt, of Berlin, in a report on "Gathered Statistics in regard to Narcosis" made at the Twenty-Second Congress of German Surgeons held at Berlin in April last stated as follows:

Last year fifty eight reports were sent in, numerous over from foreign countries. In all 57,541 narcoses are reported on, among them 11,464 with laughing-gas from the Dental Department of the Berlin University. The latter have been entirely discarded. If we add the reports of the previous years to the present we have a total of 157,815 narcoses; among which 53 deaths took place, or 1 in 2,900.

The relationship of mortality according to the anæsthetic used

is about as follows: Chloroform, 1 to 2,899; chloroform and ether, 1 to 4,118; bromethyl, 1 to 4,538; pental, 1 to 199. With pure ether not a single death is reported among 14,506 narcoses, the same with the solution of ether, chloroform, and alcohol, recommended by Billroth.

The desire to extend the statistics was mentioned, yet the tendency to accept ether as an anæsthetic was strongly endorsed. Especially Professor Kuster, of Marburg, and Trendelenburg, of Bonn, lauded ether highly, whereas König and Bardeleben remained true to chloroform. The question of heart weakness by rhythmic movements externally in the region of the heart to restore animation was mentioned. The latter was endorsed by v. Bardeleben and v. Eisesberg, of Wein.—*Med. Record.*

Bromide of Strontium in Vomiting.—Coronedi, according to the *Reportorie de Pharmacie*, October 10, 1892, has used this agent with great success for the relief of vomiting from various causes. Fifteen grains, before meals, relieve nausea more or less promptly; and this dose—thirty to forty grains a day—is efficacious even in the obstinate vomiting of pregnancy.—*Canadian Practitioner.*

Treatment for the Itching of Urticaria.—Dr. Bourdeaux has used equal parts of liquor calcis, aqua laurocerasi, and glycerine with great success in the treatment of the itching of urticaria, and even of the itching of other skin disorders. He sops the itching parts well with it, then covers with absorbent cotton without wiping. The relief is almost immediate.—*Rev. de Clin. et de Thér.*

Strichnine for Snake Bite.—E. A. Thomas, M.D., Assistant Surgeon, Nagina, India, reports in the *Indian Med. Record*, five consecutive cases of bites by poisonous snakes, in which prompt recovery ensued upon the administration of strychnine, in full doses, repeated hourly until out of danger, which was usually determined after the third dose.

THE TREATMENT OF WHOOPING-COUGH.—To diminish the frequency and intensity of the paroxysms, Dr. Marfan (*Médecine moderne*, March 11, 1893; *Lyon Médical*, May 14, 1893) recommends a solution of three parts of antipyrine in a hundred of distilled water and twenty-five of syrup of orange flowers. To a child four years old a desertspoonful of this solution may be given three times a day, with the meals. For the purpose of securing a certain degree of antiseptic action on the air passages he advises fumigation of the room with a mixture of ten parts each of oil of thyme, oil of eucalyptus, and oil of turpentine, two hundred and fifty of rectified spirit, and seven hundred and fifty of water. This, he thinks, tends to prevent secondary infection.—*N. Y. Med. Jour.*

CONCEPTION DURING THE PUERPERIUM.—At a recent meeting of the Leipsic Obstetrical Society (*Centralblatt für Gynäkologie*, May 13th) Dr. Kronig related the case of a woman who was delivered of her first child on July 4, 1892. Four days later she indulged in coitus, and then obstained from it for three months. On the 10th of March, 1892, she bore a child which, in spite of the short term of gestation, showed every sign of maturity.—*N. Y. Med. Jour.*

HOW TO KEEP LEECHES.—The bottom of the vase or jar containing them should be covered with small pebbles and a sprinkling of sand. If a few stones bearing vegetation can be be obtained from the bottom of a stream or pool, these are very useful to put in the jar. The water should not be entirely changed; syphon off a little, and add more fresh water. Keep jar in a temperate place.—*Bul. of Pharmacy.*

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

A POPULAR NEW REMEDY.—There are few of the newer remedies that have met with more approval from the profession than has Pichi (*Fabiana imbricata*). It has proved one of the most valuable of remedies in general vesical and genito-urinary troubles.

Pichi is diuretic; favors the expulsion of calculi and gravel, and relieves the irritation caused thereby; modifies favoraby purulent discharges; and acts as a general stimulant of the excretory functions.

We make of this preparation the fluid extracts, the solid extract, the powdered extract, and filled soluble elastic capsules.

The habitat of this drug is South America.

It is diuretic, tonic, terebinthinate. It calms irritability, and quickly modifies the urinary secretions in gravel and uric diathesis.

Among formulæ which have been prescribed in connection with fluid extract of Pichi with success are the following:

℞. Fl. ext. pichi.....ʒ ij.
Liquor potass.....ʒ v.
Tr. nuc. vom.....ʒ ij.
Elix. calisaya.....q. s. ad ʒ iv.
M. Sig.: A teaspoonful three times a day and at bedtime.

℞. Fl. ext. pichi.....ʒ iss.
Glycerina, ...ʒ iv.
Elix. calisayæ .....ʒ j.
M. Sig.: Teaspoonful in water every three hours till relieved, then three or four times a day.

R. Fl. ext. pichi .....ʒ j.
Fl. ext. hydrangea.....ʒ j.
Fl. ext. hyoscyamus.....ʒ ij.
Syrup.....ʒ ij.
M. Sig: A teaspoonful three times a day and at bedtime.

Therapeutic reports of its application, and full information concerning our line of Pichi preparitions, will be furnished on request to Parke, Davis & Co., who were the first to produce the virtues of Pichi to the American profession.

RELAXED CONDITION OF THE UTERUS AND APPENDAGES.—Physicians are frequently consulted in regard to various disor-

ders in a measure dependent upon a relaxed condition of the uterus or the appendages. * * *

Many of these cases object to local treatment and abhor instrumental investigation, which frequently places the physician in an embarrassing attitude, and he is perplexed to inaugurate a treatment both satisfactory to himself and patient, or even treating cases locally, as in dysmenorrhœa, uterine leucorrhœa, menorrhagia or urethritis. We feel the necessity and aid of certain drugs which are known to exercise a beneficial tonic effect on the female reproductive organs. In many of these cases, before we can confidently rely upon permanent beneficial results from any local treatment, we should control, by the administration of certain internal remedies, those symptoms which are neurasthenic in character, and which are insidiously but surely undermining the constitution. For the purpose of controlling these pelvic neuralgias, most excellent results can be obtained by the judicious administration of Dioviburnia, which is a very palatable formula put up by the Dios Chemical Co., St. Louis, Mo., in which are incorporated the most select uterine tonic remedies. * * *

Pelvic neuralgias should elicit suspicion, and a thorough investigation for local lesion should be insisted upon, and fortunately in a great many cases these investigations will be richly rewarded. Hysteria must be regarded only as a symptom of some grave disorder.—JNO. A. BATTE, M.D., in *Memphis Med. Monthly*.

Editorial.

AMERICAN MEDICAL ASSOCIATION.

Forty-fourth Annual Meeting, held in Milwaukee, Wis., June 6, 7, 8, *and* 9, 1893.

The general session was called to order by the Chairman of the Committee of Arrangements, Dr. Wingate, at 11 A.M., in the Academy of Music.

Prayer was offered by Rev. Henry T. Secrist,

An address of welcome to the State was delivered by His Excellency, Geo. W. Stone, of Wisconsin.

Hon. P. J. Somers, Mayor of Wilwaukee then welcomed the Association to the hospitalities of the city.

Dr. Wingate, on behalf of the Committee of Arrangements, presented a silver gavel, made in the shape of a brick, to the President of the Association, with the hope that he might keep it as one of the pleasantest mementos of a long and honored life.

Dr. Hunter McGuire, of Richmond, Va., President of the Association, then delivered the annual address.

In his address, President McGuire awakened approving sentiments in urging the continued endeavor to raise the standard of medical education; the determination of a practitioner's capability by State examining boards rather than by college examination; the official analysis of patented-medicines; compulsory vaccination by municipal boards of health; the enforcing of strict national quarantine as an absolute necessity for the protection of this country this year; and, finally, the establishment of a National Department of Health with a Secretary at its head.

Mr. Ernest Hart, editor of the *British Medical Jouanal*, was then introduced and made a few remarks. He said that he brought a greeting to this society from the British Medical Association, from which he came as a delegate. The proceedings of the American Association were watched with deep interest by medical men in Great Britain, and the efforts of American physicians to uphold a worthy ethical standard called forth the sympathy of their British *conferes*.

The report of the Treasurer showed a balance on hand of $5,844.78.

The Committee on Secretary of Public Health reported progress. Congress had adjourned without taking any action on the bills which had been introduced creating a department of Public Health, and the bills were still in committee. It requested that the Association continue its efforts to secure the establishment of this department of the National Government. The report also asked for the apppointment of a committee of ten to wait upon President Cleveland, and request him to incorporate a recommendation to this effect in his next Annual Message to Congress. On motion the report was adopted and ordered

to be printed in the journal. The chairman was also empowered to fill any vacancies in the Committee, which it was announced contained some dead timber that had better be gotten rid of.

The Pan-American Medical Congress.—Dr. Charles A. L. Reed, Chairman, presented his final report. The organization of the Congress has now been completed in every State and Territory of the United States, and in every other country and colony in North and South America, including the West Indies and Hawaii. The President of the United States will open the Congress in person, and will receive the delegates at the White House. The titles of several hundred papers, and in most cases the abstracts of the papers as well, have already been received, so that the success of the meeting is assured. Many advance registrations have already been received, and the Committee desired to thank those who had responded thus early to their appeal, and had lightened their labors in that way. But a large sum is yet needed to meet the absolutely necessary expenses of organization, and Dr. Reed urged those who had not yet done so to send their subscription fees of $10 to the treasurer of the Congress. The Committee thanked the Association and the medical press of the country for efficient aid in promoting the success of the Congress.

The Trustees of the *Journal* in their report said that they had had it in mind to improve the *Journal*, but had been unable to do so on account of lack of funds. The expenses of the *Journal* had been a little over $24,000, and the receipts between $16,000 and $18,000, leaving a deficit of some $7,000.

Dr Hobart A. Hare, of Philadelphia delivered the Address on General Medicine on the morning of the second day.

The Committee on Revision of Constitution and By-laws submitted the draft of a new constitution and by-laws which it was thought would, if adopted, promote the development of the Association and advance the interests which it represents. The key-note of the proposed changes, the Committee explained, was "the advancement of scientific medicine as represented in the Sections." The Executive Committee of the various Sections form collectively a Business Association. It shall be the duty of this Committee, the new constitution provides, to seek the removal of any obstacles that interfere with the cordial co-oper-

ation in the Association of all competent, honest practitioners of rational medicine throughout the country. Further, this Committee shall make and present the nominations for officers and standing committees of the Association, and recommend the time and place of the ensuing meeting. Thus the practical government of the Association is taken away from the members by States and placed in the hands of the same members gronped as specialists. It was believed by the Revision Committee that the officers and place of meeting so obviously affect the prosperity of the Sections that it would seem wise for the latter to make the recommendations. Radical changes are also made in the conditions of membership, which is hereafter to be limited to members of the several affiliated State Medical Societies. Any man who is a member in good standing of a recognized State Society is entitled to membership in the National Association upon payment of the dues. The question of his worthiness is left absolutely to the State Society, the Association requiring only that he pay his dues. The time allotted to the general session is to be greatly reduced, while that devoted to Section work is stretched out to the greatest possible extent.

In concluding its report the Committee expressed a hope that it would be adopted, believing that the new features would provide for more satisfactory transaction of all business coming before the Association. By adopting this new constitution the society would have provided for the study of every question by experts previous to its consideration by the general body. It would thus be able to act with more tact and wisdom. Further, the adoption of the proposed constitution would promote the best interests of the Association, of its Sections, of scientific medicine, of the several State Societies, of every intelligent practitioner of medicine, and hasten the unity of the profession of the entire North American continent.

The report was at first signed by all the members of the Committee, namely, Drs. H. D. Holton, Leartus Connor, Daniel E. Nelson, Benjamin Lee, and H. D. Didama. The latter gentleman subsequently withdrew his name, but this did not move the other members of the Committee, who stated that they were more than ever convinced that the alterations proposed are vital to the best prosperity of the Association. They therefore com-

mended the new constitution to the favorable consideration of the society.

Dr. Didama made a minority report. After having signed the orignal report he had changed his mind and had disapproved of some of thc radical changes therein contained. He believed the goverment of the Association should rest in the hands of delegates rom the different States, and he also believed that the taking from them of the right to appoint the Nominating Committee would be uufair, unjust, and unsatisfactory.

According to the provisions of the constitution both will lie on the table until the next annual meeting.

The Committee on Revision of the Code then made its report. It asked for futher time to make its full report, but in the meanwhile it would suggest:

1. The omissions of all sections of the Code that describe the obligations of patients to their physicians. The reason for this suggestion is that the Code is not designed either for patients or the public. and so the sections are superfluous.

2. To place in the same list with the copyrighting of medical books and other similar works the patenting of all mechanical appliances used in medicine or surgery. The Code says nothing respecting the copyrighting of medical publications, and the Committee could find no good reason why it should say anything respecting the patenting of mechanical devices.

3. To define more accurately the term "consultation," since the present conditions of medical consultation differs widely from those of forty or more years ago. The Committee recommended the alteration of Article IV, Section I, of the Code to read as follows: "A thorough medical education furnishes the only presumptive evidence of professional abilities and requirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as the good of the patient is the sole object in view, and this is often dependent upon personal confidence, no intelligent practitioner who has a license to practice from some medical board of known and legal authority to issue such license, and who is in good moral and professional standing in the place in which he resides, should be refused consultation when it is re-

ested by the patient."

4. To rewrite the Code in phraseology so plain as to make it a practical common-sense document for daily guidance.

5. To have the Code taught as a part of the regular curriculum in medical schools.

This Committee was the same in constitution as the one on revision of the by-laws, and in this, as in the other, Dr. Didama made a minority report. He said it was no excuse to strike out part of the Code to say that it was not made for patients and the public. The public should be taught the Code so that they may know their duties. The minority report was in brief a protest against any revision of the honored Code of Ethics of the American Medical Association.

Dr. H. H. Mudd, of St. Louis, Mo., delivered the Address on Surgery, on the 3rd day, taking for his subject: "Surgical Problems," devoting special attention to drainage, radical treatment of hernia, and appendicitis.

Mr. Ernest Hart, of London, editor of the *British Medical Journal*, then read, by invitation, an address entitled "Cholera, an Exclusively Water-borne Disease." It is, he said, a filth disease, caused by dirty people in dirty places and spread by dirty water. It may be drunk, or it may be eaten, but it cannot be caught. It does not spread from person to person, but its diffusion is through the medium of food and drink.

The officers for 1894, reported by the Committee on Nominations, were Jas. F. Hibbard of Richmond, Ind., *President;* Jno. C. Wyeth of New York City, I. N. Love of St. Louis, Thos. Murrell of Little Rock, and U. O. B. Wingate of Milwaukee, *Vice-Presidents;* Richard J. Dunglison of Philadelphia, *Treasurer;* W. B. Atkinson of Philadelpha, *Secretary;* H. B. Ellis of San Francisco, *Assistant Secretary;* Geo. W. Webster of Chicago, *Librarian.* J. C. Culbertson, *Editor of the Association Journal. Trustees* to fill the vacancy of those whose term expires this year: John B. Hamilton of Ill, E. F. Ingalls of Ill; L. McMurtry of Lousiville, Ky. *Members of the Judicial Council:* J. N. Quinby of Jersey City, J. McFadden Gaston of Atlanta, Ga., A. F. Jonas of Omaha, H. J. Murphy of St. Paul. San Francisco was proposed as the place of the next meeting in May 4, 1894, with Dr. R. H. Plurymer of San Francisco, *Chairman of Committee of Arrangements.*

Dr. Wyman, Surgeon-General M. H. S., of Washington, delivered the address on State Medicine on the morning of the 4th day; and, after the transaction of some formal business of a routine character, votes of thanks, etc., the Association adjourned.

The meeting was a most excellent one, and was participated in by some 1,500 or 2,000 delegates and members. The Section meetings were well attended and much good work done. The citizens of Milwaukee left nothing undone to promote the pleasure and enjoyment of the doctors in attendance. One evening half a dozed palatial mansions were thrown open for the reception of members of the Association; and concerts, dinners, and other means were not wanting to acquaint the visitors with many attractions of this beautiful city.

DR. J. C. CULBERTSON.—We regret to learn from the *Journal of the American Medical Association* of June 24th, that the above named most estimable gentleman retires from the editorial management, and will resume control of *The Cincinnati Lancet-Clinic*, We have not learned who will succeed him as *redacteur en chief* of the Association journal, bnt sincerely hope that the wisest counsel may prevail with the Board of Trustees, and that a fitting successor of one so worthy may be selected.

PROGRESS AND ENTERPRISE.—*The N. Y. Medical Record* of June 10th supplied its readers with a telegraphic report of the meeting of the American Medical Association, held at Milwaukee, and to it we are indebted for the synopsis of proceedings in this number.

WHO IS TO "SET 'EM UP?"—A casual visitor to an evening session of the last Presbyterian Assembly thinks that the general appearance of the Commissioners is decidedly less intellectual than a meeting of the New York Academy of Medicine."—*N. Y. Sun* of June 11th.

"LET the Columbian Exposition be the Mecca of American pride."—*Nashville American*, June 26th. Yes, but let us not "make it" a center for the diffusion of disease germs.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.—The third annual meeting of the American Electro-Therapeutic Association will be held in Chicago, September 12, 13 and 14, at Apollo Hall, Central Music Hall Block.

Members of the medical profession interested in Electro-Therapeutics are cordially invited to attend.

AUGUSTIN H. GOELET, M.D., President.
MARGARET A. CLEAVES, M.D., Secretary.

THE MALARIAL SEASON now being with us we desire to call especial attention of our friends who have not tried it, to *The Compound Kaline Pill;* those who have tried it will not need to be reminded of its beneficial and invaluable results.

ANTIKAMNIA CHEMICAL Co. do not use many words in their unique advertisement, nor are words needed to show the established fact of the *daily* use of antikamnia by physicians.

LISTERINE still continues to maintain its enviable and well-earned reputation of being *par excellence* "The Antiseptic"—appreciated alike by the general practitioner, the surgeon, the gynecologist, the obstretician, the dentist—in fact, by every one needing a harmless yet most reliable antiseptic.

PSORIASIS is not the incurable disease that it used to be. The surest way to make it yield to treatment is to apply an ointment consisting of five to ten per cent. of chrysophanic acid, dissolved in hot vaseline, and at the same time have the patient take at least dessertspocnful doses of the *Elixir Six Iodides*.

QUARTERLY ATLAS OF DERMATOLOGY.—Under the above title, Dr. A. H. Ohmann-Dumesnil, of St. Louis, Mo., has commenced a most excellent publication, and from the first number, April, 1893, we may satisfactorily anticipate a valuable addition to the serial literature of this department of medicine. Each number will contain six photo-engraved plates, illustrative of skin and venereal diseases, with descriptive text. The six plates in volume 6, number 1, are most excellent. Subscription price, only one dollar per annum. Address Quarterly Atlas Co., No. 1 North Broadway, St. Louis, Mo.

CHRONIC GOUT.—Mr. H. L. has been a sufferer of gout for a number of years. His attacks come on irregularly, and several joints are involved. He also suffers from dyspepsia, palpitation of the heart, insomnia and other nervous disturbances. His pain is not very severe, but enough to keep him from work. His attacks of gout have lasted as long as three months, but since he has taken Henry's Tri-Iodides he is able to get around much sooner.—*Dr. C. T. Rademaker.*

I AM happy to state that Cactina Pillets have been invaluable in my hands, especially in the treatment of long-continued fevers, such as typhoid. Their action on the heart was most marked in a case of typhoid, patient 68 years old. I use them during all the stages of the disease to keep the heart right; and they most certainly do this. Tobacco heart, as others have found, is most amendable to their influence.

JOHN S. BOOTIMAN, M.B., B.S.,
6 Havelock Terrace, South Shields, England.

"CLINICAL REPORT IN DEPARTMENT OF SURGERY, ABDOMINAL AND CRANIAL."—Excerpt from paper read before the Iowa State Medical Society, Des Moines, Ia., May 19th, 1892, by T. J. Maxwell, M.D., Professor of Surgery, Keokuk Medical College, Keokuk, Ia.

After giving the preparatory work essential in abdominal surgery, Prof. Maxwell follows with rules for after-treatment.

"The patient should be turned from back to side as often as comfort requires. If vomiting is troublesome, sips of hot water are given or teaspoonful doses of Tarrant's Hoff's Malt, which I have found more effective in allaying nausea than any other medicine."

SCOTT'S EMULSION.—The manufacturers of this most excellent preparation have moved into their new quarters, in the Scott & Browne Building, located on New Chambers, Pearl and Rose Streets. It is twelve stories high—a grand addition to New York's magnificent array of fine and handsome structures, and is pronounced the best building of its kind in the great American metropolis. Their grand success with their excellent emulsion is most gratifying.

UTERINE COLIC AND OVARIAN NEURALGIA.—Two teaspoonfuls of Dioviburnia given in a teacup of hot water will give almost as prompt relief as a hypodermic of morphine and will produce no unpleasant after-effects.

WE call the attention of our readers to the attractive and distinctive Antikamnia advertisement in this number. This firm gladly sends samples free to all physicians who will furnish their address.

Reviews and Book Notices.

A HAND-BOOK OF LOCAL THERAPEUTICS. By RICHARD H. HARTE, M.D., ARTHUR VANHARLINGEN, M.D., HARRISON ALLEN, M.D., and GEO. C. HARLAN, M.D., 8 vo., cloth, pp. 505. P. BLAKISTON, SON & Co., Publishers, 1012 Walnut Street, Philadelphia. 1893. Price $4.00.

The need of a book of this character has long been apparent, for there has been no text-book available in which the local action of drugs was not subordinated to their general actions, while the

average text-books omit altogether the mention of many agents that, in the hands of a specialist, become valuable aids to cure.

Diseases which require chiefly local treatment are those of the respiratory passages, eye, ear, skin, together with certain general surgical affections, including diseases of women; it is therefore to the advantage of the work that each remedy has been thoroughly set forth by different authors who have had large practical experience in these various branches.

Each remedy has been taken up in alphabetical order, and after a description of its pharmaceutical properties, is considered in reference to its physiological effect and value in local treatment.

The demands for thorough revision of local medicaments made by the advance of theories of aspesis, have been fully considered, and a succinct account has been presented of the source and properties of the very numerous new agents which affect tissues locally.

Some drugs have beeu excluded which have been highly praised; on the other hand, great care has been taken not to indorse imperfectly attested novelties.

This hand-book embodies the results obtained by experienced teachers, and will prove a very valuable work to the general practitioner. Two carefully made indexes make it a book of ready reference.

BRAIN SURGERY. By M. ALLEN STARR, M.D., Ph.D., Professor of Diseases of the Mind and Nervous System, College of Physicians and Surgeons, Medical Department of Columbia College, New York; President of the New York Neurological Society; Consulting Neurologist to the Presbyterian, Orthopædic, and Babies Hospitals. With fifty-nine Illustrations. Octavo, 308 pages, extra muslin, Price, $3.00. WILLIAM WOOD & COMPANY. 1893.

This most delicate and difficult branch of surgery has now passed the tentative stage and deals largely with positive results.

Recent investigations and successes have opened up possibilities so remarkable that the conservative surgeon, though he may consider many of them probabilities, does not as yet feel warranted in saying so.

It is the object of this book to state clearly those facts regarding the essential features of brain disease which will enable the

reader to determine, in any case, both the nature and situation of the pathological process in progress, to settle the question whether the disease can be removed by surgical interference, and to estimate the safety and probability of success by operation.

DISEASES OF INEBRIETY from Alcohol, and other Narcotic Drugs. Its Etiology, Pathology, Treatment, and Medico-Legal Relations. By the American Association for the Study and Cure of Inebriety. 8 vo., Morocco Cloth, pp. 400, price, $2.75. E. B. TREAT, Publisher, 5 Cooper Union, New York. 1893.

This Association, composed of eminent physicians of this country and Europe, has for a quarter of a century studied the scientific side of inebriety—for 22 years it has held its annual and semi-annual meetings, at which the subject in its general and special phases has been ably discussed. It has of late attracted renewed attention growing out of the empiric assumptions that specific remedies have been found for its cure; as a sequalæ, an increasing demand has appeared for the grouping of the studies of scientific men in this field, and for the legitimate inferences therefrom as to inebriety itself and the proper treatment thereof.

At the November meeting of the Association, its Secretary, T. D. Crothers, M.D., was instructed to prepare this volume from the vast fund of material in its possession which demonstrates that inebriety is a disease and that it is curable as other diseases are,

The subject matter is embraced in thirty-eight well-prepared chapters of most excellent and instructive matter that will well repay most careful study.

MODERN GYNECOLOGY, A Treatise on Diseases of Women, comprising the results of the latest investigations and treatment in this branch of Medical Science. By CHAS. H. BUSHONG, M.D., Assistant Gynæcologist in the Demilt Dispensary, New York; formerly attending physician to the Northern Dispensary, and assistant to the Vanderbilt Clinic, College of Physicians and Surgeons, New York. 8 vo., cloth, illustrated, pp. 380, price, $2.75. E. B. TREAT, 5 Cooper Union, New York, Publisher. 1893.

A very excellent little work, in which much is embraced in small compass as regards the practitioner of to-day in this spec-

ialty. The general practitioner will find it peculiarly valuable for its timely suggestions, improved methods, and most recent treatment. In gynecology—the service of less than half a century's development, where so much is new, it is important to the practitioner to have at hand in condensed form the latest developments, which he will find satisfactorily and instructively embodied in this work. To the student who has not time to spare with more voluminous tomes it will be most welcome.

A MANUAL OF CLINICAL OPTHALMOLOGY. By HOWARD HANSELL, M.D., Lecturer on Opthalmology in the Jefferson Medical College, etc.; and JAMES H. BELL, Member of the Opthalmological Staff, Jefferson Medical College Hospital, etc., 8 vo., cloth, pp. 231, with 120 illustrations; price, $1.75. P. BLAKISTON, SON & Co., 1012 Walnut Street, Philadelphia, Publishers. 1892.

We have here a brief review of the anatomy, physiology, refraction, and common diseases of the eye, admirably adapted to the student and general practitioner. Simplicity and brevity of statement have not been sacrificed to attractiveness of literary finish, and the work conforms to the purpose for which it was written, by giving it the character, directness, and practicability of teaching and practice.

While it will prove of value to the specialist, it is essentially the work needed for the general practitioner, who has not the opportunity of consulting with a specialist.

LESSONS IN PHYSICAL DIAGNOSIS. By ALFRED L. LOOMIS, M.D., LL.D., Professor of the Practice of Medicine in the University of the City of New York. Tenth edition, revised and enlarged. Octavo. Illustrations, some in color. pp. 240, extra muslin, price, $3.00. New York. WILLIAM WOOD AND COMPANY.

If anything more than the author's name were needed to attest the great value of this work to students and practitioners, the fact that it has reached a tenth edition would be convincing.

The book has been thoroughly revised and largely rewritten in order to bring it fully up to date as a practical guide.

If the student thoroughly learns the twenty valuable lessons here made so plain and practical he will have done much towards accomplishing an assured success as a practitioner. It would be well indeed if its valuable truths and teachings were in the hands of every practitioner.

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR.

DEERING J. ROBERTS, M.D., - - *Editor and Proprietor.*

Vol. XV. NASHVILLE, AUGUST, 1893. No. 8.

Original Communications.

THE TECHNIQUE OF GYNECOLOGICAL SURGERY.*

BY WILLIAM D. HAGGARD, JR., M.D.,

Interne to City Hospital; Secretary Nashville Academy of Medicine

The incisive changes wrought by antiseptic surgery have nowhere been more productive of good than in the field of gynecology.

The wonderful results now obtained are attributable to rigid asepsis, the details of which are more elaborately practiced in this branch of surgery than in any other.

Gynecic surgery has had a tempestuous existence. Its teachings were attacked in its infancy, and it has grown to its present wonderful proportions under the constant scrutiny of the statistician.

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* Read before the Paul F. Eve Society of the Medical Department of the University of Tennessee, November 25, 1892.

Considering the alluring possibilities it offers to ambitious young men, and that all of us will have to do a modicum of gynecological practice, it is meet that we should master the broad principle which underlies it—viz: asepsis—and familiarize ourselves with its application to gynecological surgery.

This is not a text-book or a green-room subject, but a subject that is eminently practical, and I trust its consideration and discussion by the members of this society will not be amiss. The following is a practical observation of my father's methods, and those of other operators whom I have seen, with a few original interpolations.

I have formulated the following articles as essential to a clean and finished operation:

Nail brush.
Cake of soap.
Razor.
Ether or chloroform inhaler.
Irrigator (fountain or Davidson syringe, or gravity tube).
Can Squibbs' ether.
Bottle Squibbs' chloroform.
Bottle carbolic acid.
Bottle mercuric bi-chloride sol. or tablets.
Bottle prepared sponges or cotton pledgets.
Bottle prepared ligatures and sutures.
Box iodoform.
Box iodoform gauze.
Box bi-chloride gauze.
Package absorbent cotton.
Bandages (many-tailed binder, or T).
Plenty of sterilized water (boiling and cooled),
Waste-water bucket.
Dozen sublimated towels, or gauze strips.
Safety pins.
Teaspoon, tablespoon, tumbler.
Hypodermic syringe (that will work).
Sulph. of morphia tablets.
Nitrate of amyl tablets.
Flask of brandy.
Clean, smooth, firm table.

Kelly's pad or rubber sheet.

Two basins for sponges.

Two trays for instruments and sutures.

Sterilized apron, conveniently improvised by method suggested by Keen. Take a sheet that has been dipped in sublimate sol. and dried. Fold to proper size; turn the edge in around the neck, and fasten with a bandage.

I shall preclude the description of the principal gynecological procedures by a few remarks upon some indispensable preliminary preparations:

I. *The hands.*—Hands and forearms of operator, assistants and nurses should be scrubbed for five minutes with stiff nail-brush and soap, preferably green or potash soap. The brush should not be allowed to remain on washstand, but kept in antiseptic solution; as otherwise it will be full of bacteria. The hands should be immersed for one minute in bi-chloride solution, and nails carefully manicured. Dr. Howard Kelly recommends immersion in potassium permanganate, five per cent., and then in oxalic acid (sat. sol.), to decolorize. The acid may then be neutralized by another washing in lime-water. But thorough scrubbing, without recourse to any germicide whatever, is practiced by a number of celebrated surgeons.

II. *Instruments.*—Sapolio and a brush are the best agents I know of to cleanse instruments. They are then wrapped in a clean towel, and placed in boiling water for five minutes, leaving end of towel out to take them out of the vessel. Several pinches of carbonate of soda should be put in, to keep them from rusting. They are taken out, wiped dry, and conveyed to operation in clean towel or sterilized cloth bag with draw-string.

They are placed in carbolic sol. 3 per cent., which is poured off and replaced by hot water when operation begins. I have noticed that carbolized solutions dull cutting instrumeuts, while sublimate solutions blacken them. Some operators keep needles in absolute alcohol, which prevents rusting. Rust can be removed by the application of turpentine and neats-foot oil, 1 in 8, and polishing them with powdered rotten-stone.

III. *Sponges.*—The sponges are always a source of anxiety. (Tait.) Gerster reports a death attributable to mismanagement of sponges by raw nurses. Another author suggests that they be entrusted to the most capable of the available assistants.

I have been taught to prepare them by the following method: New sponges are beaten with a mallet on a smooth, hard plane, until all sand and dirt is gotten out; then allowed to soak in 8 per cent. sol. hydrochloric acid (two and one-half ounces to the quart). This dissolves any remaining calcareous matters. They can be prettily bleached by soaking in potassium permanganate 2 per cent. and rewashing them in a gallon of water in which a half pound of hypo-sulphite of soda and an ounce of oxalic acid has been dissolved. They are then washed thoroughly with green soap, rinsed and preserved in alcohol, or 6 per cent. carbolized solution. Change every four weeks. If the latter, they should be rinsed again before using, as carbolized solutions make the fingers tingle disagreeably. For this reason some operators will not use instruments in prolonged operations from carbolized solutions. It benumbs the sensibility of the fingers. When sponges are used, all blood and *debris* is washed out in hot water re-washed in green soap-suds, and preserved as before. If they come in contact with pus, they should be destroyed. As this is rather expensive, some operators use pledgets of sterilized cotton, wrapped in gauze. They are safe, cheap and used but once.

IV. *Antiseptic Solutions.*—(a) Carbolic acid sol. is conveniently made by carrying a bottle of the acid, and adding a tablespoonful therefrom to a quart of water. Makes a three per cent. solution, suitable for instruments, etc.

(b) *Mercuric Bi-chloride.*—A similar bottle, containing bichloride solution (alcoholic), 1:10, is kept on hand. A drachm to a quart of hot water will make 1:1500 solution, which can be regulated to any desired strength by dilution. These bottles should be protected by a wooden case. Sublimate solution can also be conveniently made from the tablets manufactured by Johnson & Johnson, or Parke, Davis & Co., by following the directions that accompany them.

(c) *Thierschs' Solution.*—Composed of 2 parts salicylic acid, 12 parts boracic acid to 1,000 parts water.

(d) *Creoline Solution.*—Made by adding creoline to water, in strength of 1-5 per cent. Is not toxic, will not corrode instruments, and is very effective for intra-uterine irrigation.

(e) *Sterilized Salt Solution.*—7:1000 (7 gr. of sodium chloride to 2 ounces boiling water). Approximately a drachm to the quart.

V. *Ligatures and Sutures.*—(a) Silver wire. Cut in 1 foot lengths. Polished with Sapolio, and sterilized by boiling. Kept in glass tube, stopped with absorbent cotton.

(b) *Silk-worm Gut.*—Sterilized by boiling. Preserved in alcoholic sol. Kept in wide-mouthed bottle.

(c) *Silk.*—Chinese twisted preferred. In unbroken packages. Should be boiled for 30 minutes. If prepared before operation, can be kept on spools, in suitable bottles filled with alcohol.

(d) *Catgut.*—No. 0 to 4. Can be bought in bulk. Wash in ether, immerse in oil of juniper, preserve in absolute alcohol. Catgut bought in the shops, already prepared, is almost sure to produce stitch-hole abscess.

(e) *Kangaroo Tendon.*—Prepared similar to catgut.

VI. *Gauze.*—Wide mesh cheese-cloth, gotten at the dry-goods stores at three and one half cents per yard. If unbleached, can be made snow-white by the ordinary bleaching powder (chloride of lime). Rinse. Sterilize in Arnold's, or any approved sterilizer; or soak in corrosive sublimate 1:1000, for twenty-four hours. To carbolize: Immerse in six per cent. sol. carbolic acid. To iodoformize: Soak twenty yards gauze in mixture of iodoform and glycerine, one ounce each. Wring, dry, fold. Keep in wide-mouth glass jar or air-tight tin box.

VII. *The Room.*—The place next cleanest to heaven is the operating room of the metropolitan abdominal surgeon. It is the *sanctum sanctorium* of cleanliness. They have glass-topped tables, tiled floors, smooth, bare walls that can be deluged with a hose. But the majority of us who aspire to do this sort of work will not be surrounded by these ideal environments. But we can at least be encouraged by referring to the wonderful record of Dr. Jos. Price, of Philadelphia. One hundred and seventeen sections, with one death, in the courts and alleys, over horse stables and in shanties, and that without a drop of carbolic acid or bichloride of mercury. Over five hundred such cases, with mortality under three per cent. Cleanliness, absolute cleanliness, is the desideratum; and when that is attained, whether it be in the marble-walled clinic of Lourcine-Pascal, or the immaculate Sim's Operating Theatre, the result is the same. To secure that end I can only make a few suggestions—such as removal of all unnecessary furniture and fabrics, copious use of soap and scrub-

brush, light, air, judicious disposal of the requisites and unremitting attention to the details.

VIII. *Preparation of the patient.*—For some days preceding the operation the patient has a series of baths, and bowels are liquified. Warm soap and water bath on day prior and morning of operation. Field of operation shaven, washed with ether, and protected by bichloride gauze compress, to be removed when patient is brought to the table. If avoidable, no preparation should be made in sight or hearing of the patient.

In describing the technique of intra-pelvic and abdominal operations, I shall allude to them under the head of Abdominal Section. The term Laparotomy, in its present significance, is a misnomen; and Cœliotomy is proposed, and is being adopted as the correct term. We are under obligations to Dr. Robert P. Harris, of Philadelphia, for proposing and popularizing this term. Laparotomy is from the Greek words, *Lapara* and *tomæ*, to cut. The Greeks used *Lapara* to signify the concavity between the floating ribs and crest of the ilium—the hollow of the waist. It was never employed to designate a convexity, and is only proper when used to describe operations in the flank—such as Laparocele and Laparo-colotomy. On the other hand, the word "belly," whenever it appears in the Bible, is expressed in the original Greek by the word *Koilia*, from which we get the Cœliotomy. But abdominal surgeons allude to operations on the belly as:

Abdominal Section, and I will endeavor to describe it briefly under that head.

An article appeared in the *Medical Mirror*, May, 1892, by the writer, entitled "The Technique of Abdominal Section, as Observed in the Practice of L. S. McMurtry, M.D., of Louisville," and those gentlemen present who saw the article referred to will pardon a partial repetition, as the technique does not differ essentially from my father's methods—as, indeed, it does not from the details of the majority of operative gynecologists.

After scrupulous attention to the details of the preliminary preparation, as indicated in the foregoing, the patient had best be anesthetized in her bed and then conveyed to the table. The forenoon is a choice to operate, no breakfast having been given. Ether is almost the universal anesthetic in abdominal work. The

abdomen is bared, scrubbed with soap, hot water, and brush, dried, and douched with alcohol, to dissolve any remaining sebaceous matters.

The instruments required should be as few as possible:

Metal-handled knife.

Hemostats (conveniently placed in tumbler).

Grooved director.

Scissors.

Pedicle needle.

Koeberle's serre-nœud and elastic ligature (in hysterectomy).

Gravity tube irrigating apparatus (consisting of a rubber tube attached to a granite funnel, with a perforated glass tube at its distal extremity).

Assorted, straight, perforated glass drainage tubes ($\frac{1}{2}$ to $\frac{7}{8}$ of an inch in diameter).

Stout, straight needles for the abdominal incision.

The field of operation should be surrounded with gauze.

The incision rapidly made as is commensurate with care.

Intra-abdominal exploration carefully made. As to the procedure subsequent to the intra-peritoneal examination, of course, I cannot speak: 1. Because I am not sufficiently familiar with them; 2. They are legion.

We have Fallopian tubes that contain pus; ovaries with huge abscesses; cysts with twisted and gangrenous pedicles; enormous ovarian tumors. A womb that delights to fondle fibroids, that becomes infected by unskilled mid-wives and unclean doctors, that harbors, nourishes, and grows its own fruit, which ripens and sometimes is unable to escape by the natural avenue. We have a stomach that ulcerates and perforates; a gall-bladder prone to lodge calculi; mesenteric glands liable to suppurate; varicose veins and extra-uterine pregnancies that rupture in the broad ligament or flood the abdominal cavity. We have twenty feet of gut that innocently entwines itself into fanciful shapes, and endearingly clings together, or that feasts, founders, and clogs—that inquisitively crawls into a neighboring hole and dies; a rudimentary appendage, a self-constituted toll-gate that appropriates seeds, pips, and concretions from the passers-by, and becomes its own executor. We have a serous membrane over all, which inflames and adheres, thickens and suppurates, and which is large

enough to drape the casket of its possessor if not relieved; and when the dome of this wonderful board of trade is opened, any of these dread conditions may be found and have to be dealt with; and on that deal the existence or the eternity of the victim is wagered. But the most frequent conditions found by gynecologists have to be ligated and ablated, and the method of doing this should now concern us. A stout pedicle needle, armed with strong sterilized silk, is required. If it is a growth or condition that demands removal, the pedicle should be found or manufactured. The afferent artery should be felt for. If large, ligated separately; if small, the needle should transfix the pedicle to one side of the artery, and the ligature tied—either by cutting the loop when it comes through with the needle, the needle withdrawn, and the two threads thus formed carefully tied around each half of the pedicle, with one thread passing around and constricting the whole mass; or, by the Staffordshire knot, which consists in transfixing as before, bringing the loop over the mass to be removed, and passing one of the free ends of the ligature above and the other below the loop, and securing by a surgeon's knot.

The diseased mass is severed from adhesions and attachments, brought up, and cut away between or above the ligatures. Very frequently—almost always—irrigation is demanded. In all pus cases, and where a large area is denuded of its epithelium, irrigation should be employed through the irrigation apparatus described above, with water at temperature of 110° F., or with the sterilized salt solution. The patient should be turned on her side to insure the escape of the fluids and débris. A basin of cold water should be reserved for the operator to cleanse fingers of blood-clots during the progress of the operation.

The cavity should be sponged out clean and dry whenever irrigation is employed, and a drainage tube placed in the lowest angle of the wound. Abdomen closed. The usual way is by five or six interrupted silk-worm gut sutures, taking in peritoneum, fascia, muscle, fat, and integument, a sponge being placed underneath to absorb any blood that may escape from the stitch-punctures. But few surgeons employ a method I have seen, and like better. It consists in uniting the peritoneum separately with a long continuous suture of kangaroo tendon. Commencing at

the lower angle of the wound, and upon reaching the upper extremity, it is reversed and made to include the deep fascia. Upon reaching the lower angle, it is again turned and made to include the superficial fascia and fat in its third ascent. The end of the tendon is buried. Skin coapted by superficial interrupted stitches of silk-worm gut. This method is thought to more effectually prevent hernia. The wound is dusted with iodoform. In æsthetic patients, the odor can be corrected by admixing with equal parts of ground coffee. A layer of iodoform gauze is applied, covered with pads of sublimate gauze and absorbent cotton, all secured by a many-tailed flannel binder. A square piece of rubber tissue is nicked in the center, and sprung over the mouth of the drainage tube, filled with cotton, to absorb the excretions of the tube, and pinned, to protect the dressing. Tube cleaned every hour with the long-nozzled exhausting syringe, and tube removed whenever the fluid does not exceed a drachm in two hours. Generally on the second or third day.

Trachelorrhaphy.—Patient placed on Kelly's pad, in Sim's position. Vagina douched with corrosive sublimate 1:2000. Swabbed out and dried. Pull uterus down with volsellum, or pass a curved needle, threaded with a long strand of silk, through both lips of the crevix. Draw out the middle portion and cut it. Then tie the free ends together, forming the two loops with which to approximate and fit accurately the denundation. Cleanse crevix again, and arrest hemorrhage from the loop-holes. Then, with scissors, excise the cicatricial tissue well down to the angle of laceration. Repeat denundation on opposite side. Arrest hemorrhage with pressure of pledget wrung out in quite hot water. Silver wire, silk-worm gut, and animal tendon are used to coaptate the denudation. If silver wire, it should be passed on a curved needle, firmly fixed in needle-holder, beginning at upper angle of the wound.

The ends of the sutures, when passed, are held on each side by a hemostat. When all are passed, the wound should be irrigated and sponged clean, and the sutures successively tied by twisting on a shield. Great care must be taken not to twist the tissue too tightly. This can be obviated by pressing the oval suture out laterally, forming a brace or splint which prevents too tight constriction, yet holds the refreshened surfaces in comfortable ap-

proximation. A hard-rubber stem, about the size of a small lead pencil, with a flange on its distal extremity, is passed into the cervix to prevent the obliteration of its lumen. The ends of the twisted sutures are cut about one quarter inch long, their sharp ends clubbed to prevent jagging, and alternately turned to the right and to the left. Vagina carefully dried, and packed with iodoform gauze. A vulva pad, held in place by T bandage. Sutures removed in three weeks.

Perineorrhaphy.—While apparently a very simple procedure, in its *rationalé*, is one of the most perplexing operations in surgery. Dr. Paul F. Mundé, of New York, confesses that he has never seen an intelligent description of Emmett's new operation. And a recent writer advises us not to consult "Mundé's Minor Gynecology," or Thomas' new work (revised by Mundé) in studying the operation. The so-called Tait's flap-splitting operation is objected to because it does not restore the div ided trans verse perinei, and simply makes an artificial obstruction. If the lateral labial incisions are not made very superficial, the sphincter vaginæ is severed. However, it makes a very pretty operation for class-room demonstration, being quickly dispatched, and, makes an apparently pretty result. There are so many operations and modifications of operations that the consideration of them would be as unsatisfactory as impossible. As for Emmett's new operation, I will not attempt to describe it, as the orignator has never given us a clear description or illustration of it. But the operation, as performed, has been done before us repeatedly, and we are all more or less familiar with it. The principal factorage in the success of any perineal operation consists in re-uniting the divided ends of the transversus perinei, restoration of the several pelvic fascia and bringing together the sundered ends of the levatores ani. Marcy, of Boston, has a very pretty operation with his buried tendon: The patient is prepared as for trachelorrhaphy, but placed in the lithotomy position. Rectum drenched, and two fingers of left hand placed therein. Posterior third of vagina is separated from its vulvar attachments by knife or scissors. Flap raised by assistant. Dissection made deep laterally, and the transverse wound converted into a linear incision by introducing and closing the sutures, which are placed deeply to include the retracted transversi. When the coaptation

is completed, the sutures are not in sight—completely buried. The incision is covered with layer of germ-proof iodoform collodion; made by dissolving as much iodoform in collodion as will make a consistent liquid, strengthened by the addition of a few cotton fibres. In perineal operations the urine is drawn for two days; patient allowed to micturate voluntarily afterward.

Curettement.—When not done aseptically and in properly selected cases, this valuable surgical procedure becomes worse than useless — positively dangerous. It is good treatment for uterine fungosities; is very valuable in incipient post-puerperal sepsis of the endometrium; and has lately been employed by Polk and others in intractable endometris, with or without tubal complications. Prof. Polk's results have been very handsome, but the legitimacy of the procedure has been questioned by Price, McMurtry, and others. A deplorable discrepancy in the teaching and practices of our criterions! It is obvious that our opinion on such abtruse questions are worthless and irrelevant to the technique of the procedure. Its success or fruitlessness must be established by time and results.

Curettage is imperative in retained detritus from abortion, and is as essentially an operation as a hip-joint amputation, fraught with quite as much danger if uncleanly and improperly done. Copious douching of vagina. Cervix dilated with Sims' or Goodell's dilator. Irrigation of uterus with mercuric solution 1:2000. Uterine cavity carefully and systematically scraped. This can be conveniently done under constant irrigation with curette and irrigator combined, (Mundè's). In lieu of this, irrigation can be made subsequent to the curetting, but a double current catheter should be employed for the escape of the fluid, if the os is patulous. A cervical speculum also provides for drainage. A narrow strip of bi-chloride gauze, three feet long, three-fourths of an inch wide, and several layers thick, if necessary. It should be immersed in hot water and the excess of mercuric salt expressed previous to its introduction, which is accomplished by dressing forceps aided with probe, or by a tampon screw. Vagina packed with iodoform gauze. Uterine packing to remain six to seven days.

Combined Gynecological Operations.—Frequently patients suffer with a complexity of conditions which are not relieved by any one

operation. I need only to refer you to procidentia uteri with its attendant conditions. For this I have seen four operations done:

1. Preliminary curettage.
2. Trachelorrhaphy for lacerated cervix.
3. Anterior colporrhaphy for cystocele.
4. Posterior colpo-perineorrhaphy for rectocele.

To this is sometimes added Alexander's operation for shortening of round ligaments. Of course, these combined operations require dexterity, celerity, and efficient assistance. In abdominal work, one cannot accurately anticipate the conditions present. During the operation, the bowel, ureter, or bladder may be accidentally or unavoidably injured, and have to be repaired. One should be prepared for any emergency, full of resources, thoroughly versed in all the details and The Technique of Gynecological Surgery.

Selections.

A METHOD OF TREATING COMPOUND FRACTURES.—The method aims at being simple, and in the following account it may be considered as applied to the commonest of compound fractures, viz.: those of the leg. On admissson, the limb is covered with lint soaked in carbolic lotion and subsequently cleaned with the greatest care; protruding bone is replaced, loose or damaged bone is removed, and the broken ends are adjusted by means of splints with as little delay as possible.

1. Ordinary well-padded wooden splints are employed, but under no circumstances is the limb secured to the splint by means of strapping. Strapping may be used to form a stirrup whereby extension may be applied in the fractures of the femur or humerus, but no form of plaster appears to be other than objectionable when the question of fixing the limb is concerned. If the strapping be adjusted with sufficient firmness, it will often be found that within twenty-four hours the limb has swollen and the strips of plaster are cutting into the soft parts and are impeding the circulation. The strapping then has to be cut or

reapplied, and a second adjustment of the limb is rendered necessary. On the other hand, in the process of time, the band of strapping is found to have come loose from shrinkage of the limb, and a further readjustment of the fractured parts is called for. In the place of plaster, straps of fine webbing and buckles are made use of to secure the limb to the splint. These vary in length, and are applicable to all parts. If found to be too tight or too loose they can be altered as often as necessary in the day without the least disturbance of the limb. In this way the limb can be secured with a proper degree of firmness. Where the webbing crosses the shin or the dorsum of the foot a small shield made of gutta-percha, and lined with lint, is interposed. When side splints are employed these are also held in place by straps and buckles. No bandages are ever applied. They cannot be readily tightened or loosened, and they cover up to some extent the damaged parts.

2. In the second place, the limb is kept throughout in the open air. This would happen by necessity, more or less, in the case of the upper limb, but it is insisted upon also in all fractures of the lower limb in which there is a wound. If the principles of aseptic surgery be well founded, a worse atmosphere with which to surround a wound could scarcely be found than that which exists under the bedclothes. This atmosphere is confined, is hot and moist, and when flatus is passed or the bed-pan is used must of necessity become especially offensive. In all compound fractures of the leg or thigh it is kept throughout entirely uncovered as well by night as by day, and in the winter as in the summer. In cold weather the nurse makes a cotton-wool cap for the foot, but during the six years in which his rule of uncovering the limb has been observed there have been no complaints of chill or evils arising from exposure. It might be mentioned that in the author's wards in all cases of wound of the lower limb, including amputation wounds, and in all cases of ulcer, the part is kept throughout the whole period of treatment uncovered save by the necessary dressings, and since this plan has been adopted the results have been indefinitely improved.

3. The third element in the treatment concerns the care of the wound. In cases of compound fracture there is usually a not inconsiderable amount of bleeding and oozing from the wound

which will often be continued for many days. It is very desirable that this fluid should not be pent in the limb, and that it should be allowed the freest possible means of escape. The plan of sealing the wound with collodion may be spoken of in general terms as bad. It can in no way control the oozing, which may long continue from the damaged parts, and merely confines within the recesses of the limb a fluid which is simply adapted to the development of bacteria.

In the present collection of cases the wounds have simply been covered with a heap of dry antiseptic powder, which has been applied without stint. This covering of powder may be considered to seal the wound, so far as the possible entrance of bacteria is concerned, while at the same time it in no way impedes the escape of blood and serum from the damaged parts.

The discharge finds its way into the protecting powder, and forms with it a harmless scab or crust. As the powder becomes saturated, more and more of it is applied, but the crust produced is not disturbed. In certain cases the oozing continues for many days, and in one or two instances the crust produced has exceeded the size of an adult fist. The powder employed has been iodoform or creolin. The latter has been found to be the more convenient. For the first few hours, and as the limb is kept always uncovered the saturation of the crust can at once be noticed. When no more blood is found to be escaping the powder is discontinued, and some seven or eight days after this period the artificial scab is removed and the wound beneath may be expected to be healed or to be healing.

When the laceration occurs upon the upper surface of the limb there is no difficulty in covering it with powder. When it is placed upon the sides of the extremity a platform of cotton wool must be fixed in place that the powder, when dusted upon it, will bury the wound. The cotton wool may be kept in position by fixing it in position against the side of the splints, or attaching to the skin by gum.

The following advantages may be claimed for this method: It is simple and requires but the simplest appliances. The fracture when once adjusted, need not be again disturbed. The damaged part is kept exposed to view, and the position of the ends of bone can be ascertained at any moment.—*Frederick Treves, F.R.C.S., in Annasl of Surgery.*

CARBOLIC ACID IN SEPTICÆMIA.—Dr. Wiglesworth (*British Med. Journal*) expresses a lively faith in the efficacy of carbolic acid in zymotic diseases, given internally. He claims that if given in doses of four or five grains every two hours in the initial stage of puerperal septicæmia it generally stamps it out in from twenty-four to thirty-six hours. In the latter stages of that disease combined with alternate doses of quinine, it is most effectual. In cases of apprehended puerperal septicæmia he commences its administration within twelve hours of completed labor, with great success. His idea is to "carbolize" the patient, by giving a dose every two hours, night and day. When the urine has been rendered black by its administration, and kept so, the object is attained, for the urine thus altered may for weeks be kept without decomposition taking place. This change in the color of the urine is not due to the presence of blood, for repeated examinations failed to detect a trace of blood even after the largest doses had been administered. The coloring matter has been found to be hydrochinon.—*Med. Review.*

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports of cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

REPOSITION OF INCARCERATED HERNIAS WITH THE AID OF ELECTRICITY.—Dr. J. Marcley (*Wiener med. Presse*) has employed galvanic currents of high intensity in the reposition of incarcerated hernias. The patient is placed in a position favorable for taxis and a moderate-sized positive electrode is applied to the hernia, armed with a sponge, dipped in warm salt and water, while a second, the negative pole, is applied a few centimeters away from the hernia. The current of a battery of twenty to thirty elements is allowed to act, increasing its intensity for two to five minutes as much as the patient will be able to bear. Then remove the electrode and try taxis, which, if it fail, may be followed by a second application. In this way he has

been able to reduce even old irreducible hernias. In these latter the séances were held daily, or every two to three days, and were not longer than fifteen minutes in duration. In a few weeks after the adhesions have separated or weakened the hernia may be easily replaced.—*Cin. Lancet-Clinic.*

DIABETES MELLITUS.—A full and able review of the nature and treatment of this important disease is given by Dr. Harley in the *British Medical Journal*, May 27th. He says:

As the presence of sugar in urine is not in itself a disease, but simply a sign which may arise from a multiplicity of morbid conditions, I think I am justified in making the five following nosological divisions of the subject:

1. Hepatic diabetes—including gouty variety.
2. Cerebral diabetes—including all cases of saccharine urine arising from nerve derangements.
3. Pancreatic diabetes—the most deadly form of the disease.
4. Hereditary diabetes— a form by no means uncommon, and one, too, where both brothers and sisters may labor under the disease without either their maternal or paternal parent having been affected by diabetes; though more distant members of the family may have suffered from it.
5. Food diabetes—including all forms of saccharine urine arising from the ingestion of unwholesome substances.

The presence of sugar in urine is due to a disordered animal chemistry, diabetes being, like gout, a chemical form of disease. As far as I am aware, however, there are but two ways in which the faulty bodily chemistry causes sugar to appear in the urine, and it was this belief that led me, no less than a quarter of a century ago, to divide all cases of diabetes clinically, as well as scientifically, into two great and distinct classes. To the one I gave the name of diabetes from excessive sugar formation; to the other that of diabetes from diminished saccharine consumption—mal-assimilation.

Patients belonging to the first class are in general well nourished, and are so amenable to treatment that they may be kept alive and in comparative comfort for a quarter of a century and more; those belonging to the diminished consumption group are

general so little influenced by either medicines or diet that the vast majority of them succumb to the exhausting effects of the disease within a few weeks after its commencement.

Were I asked to give types of the two classes of the disease I would give hepatic diabetes as an example of that arising from excessive sugar formation, and pancreatic diabetes as that resulting from diminished consumption—mal-assimilation. It is with the former class alone I shall at present deal.

It may be well for me to mention that by far the most common cause of hepatic diabetes in temperate climates is the habitual use of stimulants coupled with rich foods. The reason of this is not far to seek, seeing that in 1853 I was fortunate enough to discover that animals could be rendered diabetic by the simple introduction of stimulants into the portal vein. So important were these results considered by the Society of Biology, of Paris, to which I communicated them, that it appointed a commission, consisting of Professors Bernard, Wurtz, Robin and Verdeil, to report upon them. And lucky it was that the Society thus stamped them with importance, as it is due to the information obtained from them, and the subsequent equally successful results of Bernard, who induced saccharine urine in animals by simply introducing stimulants directly into the duodenum, that the modern teetotal system of treating diabetic cases originated, which has done so much to reduce the mortality.

A temporary diminution of sugar in the urine is not an absolutely certain sign of improvement, since it may occur in diabetes during an acute disease, as typhoid fever; and it may occur in diabetes just before death.

As far as I am aware, no one has as yet ventured to explain this curious phenomenon, so I may as well give my idea of the matter, which is: (1) The sugar only disappears from the urine in the case of diabetes arising from excessive saccharine formation; (2) its disappearance is due to the depressing effect the superadded acute disease or injury has upon the sugar-exciting formative nerve power, precisely in the same way as nerve shock, either the result of mental emotion or physical injury, arrests the formation of bile.

Treatment:—Skim milk was thought by Dr. Donkin to fulfil by itself all the objects aimed at in restricting or totally ex-

cluding the use of farinaceous foods; but when milk is given, as given it may be freely, it is much better to give it fresh than skimmed. For in giving the latter you not only give all the saccharine matter, which normal milk invariably contains, but at the same time you deprive the patient of its non-sugar forming, highly nutritious, oleaginous ingredients constituting the cream.

In the form of diabetes due to mal-assimilation it is necessary to supply to the body such assimilable foods as will retard emaciation, while they at the same time will keep up the vital powers of the patient. Hence in these cases, not only fresh milk, but cream, butter and cod-liver oil should be given freely; and when greasy stools are met with, as in the pancreatic variety of the disease, from there being an absence of pancreatic juice, give also, along with the oil, either liquor potassæ or carbonate of soda dissolved in glycerine in order to emulsify the fats, and thereby render them more absorbable by the intestines. Not only so, but when the loss of flesh and strength is great, as it is not the presence of the sugar in the circulation but the want of its assimilation, which causes this (as by increasing the supply of the wanted nutritive material you augment the chances of its assimilation), do not hesitate to give freely the most readily assimilable saccahrine substances, namely, honey and pure cane sugar. Kulz even recommends lævulose, the exact analogue of diabetic sugar.

For similar reasons, when patients suffering from excessive sugar formation begin to lose flesh and strength, and show signs of mental weakness, at once relax the severity of the restricted diet, and allow them toasted brown bread, along with fats and plenty of green vegetables and fruit.

Two different kinds of mineral water are useful to diabetics, the saline purgative, and the alkaline non-purgative waters. The beneficial action of purgative mineral waters is best seen in cases of diabetes from excessive sugar formation, and it is due to precisely the same cause as a restricted diet—namely, to reducing the saccharine supply. If the ingested food be swept out of the intestines before its nutritive ingredients have had time to be taken up by the intestinal absorbents, it might just as well never have been swallowed, in so far as furnishing materi-

als to the liver to manufacture sugar with is concerned. Alkaline non-purgative mineral waters act by virtue of their alkalinity, in precisely the same way as liquor potassæ and carbonate of soda; namely, by emulsifying the fatty matters of the food and thereby increasing their absorbability by the digestive canal and thus conducing to retard emaciation and death. Hence their advantages are seen best in the diabetes from diminished consumption of pancreatic cases.

I now approach the most important form of liquid ingesta. the alcoholic. None but those having had much experience of liver diseases and diabetes can have the faintest idea of the powerful influence alcohol has in the production of both of them. It is not the drunkard, but the self-styled moderate drinker class which show this most potently. Of all the exciting causes of diabetes with which I am acquainted I give the palm to spirits. It matters little whether they be taken under the name of arrack, brandy, gin, rum, or whisky, their effects are identical; and what is more, one often finds that diabetics, though not "nippers" themselves, come of a drunkard stock. Only in very exceptional cases do I advise in cases of diabetes the use of an alcoholic drink, and that is, when weakness and loss of appetite show themselves in cases of diabetes from excessive formation, and increasing debility is a marked symptom in those due to diminished saccharine assimilation. Then and then only do alcoholic stimulants do good instead of harm.

As all diabetics suffer more or less from thirst, I am not one of those who prohibit their drinking bland liquids—tea, coffee, lemon squash, koumiss, soda, puralis, and Salutaris waters, as well as milk, with or without aërated water added, beef tea, bouillion fleet, bovril, and Liebig's extract. In cases where the thirst is annoying to the patient I bid him acidulate iced aërated water with a few drops of lemon juice or of dilute phosphoric acid, and slowly sip it. Phosphoric acid seemed to me to quench the cravings for fluids better than anything else.

First, as regards the drugs that act beneficially in diabetes the result of excessive sugar formation. These are all of the narcotic and anodyne class—opium, morphine, codeine, hyoscyamus, cocaine, bromide of ammonium and such like drugs. And they act, I believe, by virtue of the power which they possess

of reducing hepatic nerve activity. This opinion is justified by reason of analogy, and the fact that the output of sugar is reduced during their employment. Opium, morphine and codeine do not always produce equally beneficial results in apparently identical cases, nor even in the same case at different times. Codeine, for example, may give unsatisfactory results where morphine is found potently useful, and, where both have failed, crude opium may produce the desired effect. It is a common practice to go on augmenting the dose of the narcotic in proportion as it loses its beneficial effect. In this way patients have been given from 10 to 20 grains of codeine and from 20 to 60 grains of opium, in the twenty-four hours. This, in my opinion, is a highly reprehensible mode of practice, as I have more than once heard of cases in which it has been followed by disastrous results. Whenever I find 1½ grains of codeine or a couple of grains or so of opium for a dose producing little or no effect, either in reducing the amount of the urine or its specific gravity, I think the failure is most likely due to my not having selected the form of narcotic suited to the case.

The beneficial effects of croton chloral often surprise me, but I seldom or never give it except in combination with a vegetable narcotic or anodyne. As an example, in cases of diabetes the result of nerve depression, as well as those arising from pancreatic disease, I find strychnine of great service when given in the form of nux vomica extract in ¼ gr. doses three times a day in a croton chloral pill combination. Indeed, it seems to me that everything tending in any way to improve the general health in such cases is of benefit to the patient. Hence not only strychnine and quinine, but likewise mineral acids—notably phosphoric and nitro-hydrochloric—are of service. Antipyrin I once or twice found very useful, as well as occasionally the peroxide of hydrogen.—*Maryland Med. Jour.*

SEPTICÆMIA AND ITS TREATMENT WITH OXYGEN.—The great frequency of this disease, even among physicians themselves, gives unusual interest to the questions of its prophylaxis and treatment. Our knowledge of its ætiology has been definite only since the development of bacteriological science, and ulti-

mate conclusions as to its treatment must be influenced by the same source. Still, the clinician's work must never be underestimated, for it is he who is brought in contact with the patient and directs his treatment. The functions of the blood as a carrier implies that it contains or may contain noxious germs; in fact, this is demonstrable. Their effect varies with their number, vitality and species, and the condition of the individual who serves as host.

The definition of septicæmia, according to Nelson, is a toxic acute mycosis of the blood. Phagocytosis is recognized as the chief means which the blood has of disposing of noxious organisms, which normally it will not tolerate. This process must also be a variable one in activity and efficiency. In animals septicæmia has been induced and studied, different species of bacteria proving effective in different animals. Rabbits, guinea-pigs and house mice have been thus experimented upon, and definite conclusions have been formulated.

Garreè, Bumm, Backhardt and Schimmelbusch have inoculated themselves with suitable cultures of bacteria, produced the disease, and recovered the bacteria from the blood and pus. In cases of puerperal septicæmia the bacteria have been found in milk and blood. Septicæmia has been differentiated from other diseases by examination of the blood and its contained bacteria. These bacteria are usually streptococci and staphylococci. In mixed infections other varieties are present.

The disease may be the result of:

1. Decomposition of retained material in the intestines, with absorption of its toxic products.

2. Absorption of the products of retained and decomposed material following abortion or labor at term through the uterine lymphatics or any divided portion of the uterine mucous membrane.

3. Intoxication associated with surgical procedures upon the abdominal and pelvic organs.

The first variety is very common with women who have long suffered with constipation. It teaches the urgent necessity of thorough evacuation of the bowels in all cases in which operations affecting the peritoneum are to be performed.

The second variety may be mild and simple, or it may over-

whelm the entire organism, and render all treatment ineffective.

The third variety is usually due to the direct introduction of germs by the hands or instruments, but it may occur through the medium of irritating antiseptics improperly used, or even after the injudicious use of a scrubbing brush upon the skin, the epidermis being scrubbed away and infection invited. This disease is also favored by the presence of bruised and torn tissues and prolonged exposure of the same, also by bad ligature material and unskillful use of same. The most noteworthy symptoms are referable to the nervous system, including paralysis of the muscular coat of the intestine, obstinate vomiting, mental obtuseness, or excitement. These symptoms may co-exist with great activity of the eliminative organs. The object of treatment is to sustain the natural forces and to destroy or neutralize the toxic germs or their products; hence concentrated liquid foods, especially milk and alcohol, are chiefly indicated. Oxygen inhalation is indicated because of the readiness with which it is taken up by the hæmoglobin and its affinity for the waste elements with which the blood is loaded. The capacity of the blood for absorbing oxygen in this disease has not been definitely determined. A limited number of experiments have been made by individuals in health upon themselves to determine this point, and others have experimented upon animals, but the conditions are different from those which obtain in septicæmia. The absence of a sufficient supply of oxygen in sick rooms generally, especially in the winter, with closed doors and windows, furnace combustion of lamps and candles, and respiratory requirements of attendants, is probably an important cause of the high rate of mortality at that season of the year. The good results which have attended the treatment of typhus fever in tents or in the open air is suggestive of the therapeutic value of oxygen; also the fact that septicæmia is comparatively unknown among savage and barbarous people, whose lives are passed in the open air. Questions of tension and pressure are not to be overlooked in the consideration of oxygen inhalation. A pressure of three atmospheres will produce convulsions in rabbits. As a matter of fact, it is usually found desirable to administer oxygen freely mixed with atmospheric air. This is not only the safer method, but the oxygen is thereby less likely to irritate the air passages.

The volume of oxygen necessary for the saturation of the hæmoglobin cannot be determined in advance in a given case, the corpuscles in septicæmia being smaller than in health, and readily becoming disintegrated. The plasma, which in health contains two per cent. of the oxygen of the body, will absorb more than this if the oxygen is administered under pressure, and in septicæmia an additional quantity is consumed in the formation of the carbon-dioxide, urea and uric acid with which the blood is over charged. Whether the bacteria in the blood are killed by oxygen inhalation is uncertain. Welch does not think they can be subjected to it sufficiently long or under sufficient pressure to cause their death without also injuring the blood and tissues. If oxygen is inhaled under suitable conditions of pressure it stimulates to deeper respiration, the surface of the body becomes warmer, the pulse stronger, and the color of the surface more natural. The stimuluation of the heart and lungs is, of course, directly favorable to the purification of the blood by elimination of its toxic elements. The stimulation of the nerve centers presiding over functional activity, if sufficient and continuous, will produce a favorable result whether a direct germicidial effect is produced or not. In addition to the advantages mentioned, oxygen usually induces drowsiness and sleep, which is often a matter of sufficent importance to turn the scale in favor of the patient. The treatment should be commenced early in the disease, and not after the nerve centers have been poisoned. The simpler the method of administration the better, the principal requirements being that the oxygen be pure and that it be administered in sufficient volume to be readily and comfortably tolerated. If administered sufficiently early it will often save life, and in almost all cases it will conduce to the comfort and well-being of the patient, and relieve symptoms which cannot otherwise be readily relieved.—*Andrew F. Currier, M.D., of New York, in Annals of Gynecology and Pediatry.*

TREATMENT OF INEBRIETY.—In a paper by Dr. Edward C Mann, of Brooklyn, N. Y., before the American Association for the Study and Cure of Inebriety, March 23rd, 1893, he recommended the following as a good tonic and sedative in dipsomania, having a good effect on the stomach, and tending to an-

tagonize both the degenerative changes in the brain and the effects of alcohol on the structures of the body :

℞. Quiniæ sulph.....grs. ij.
Zinc oxide.....grs. ij.
Strychnia sulph. .....gr. 1-40
Arsenic..... .....gr. 1-100
Capsicum .....grs ij.
M. et ft. pill No. 1. Sig.—One three times a day.

Together with this pill, Dr. Mann uses, for sixteen days, the following hypodermatic dosimetry :

℞. Strychnia nitrat.....gr. j.
Aquæ dest..... .....ʒ ss.
M. Eight minims daily for eight days ; four minims daily for another eight days. To quiet the morning nausea of alcoholics, two or three drops of wine of ipecac on the tongue, fasting.

The patient is kept in bed for the first few days, and fed on milk and meat-juice for nourishment. Hydrotheraphy and electrotherapy are employed. To induce sleep, the following sedative is administered at night for a few days:

℞. Tr. opii deod.
Ex hyoscy. fld.
Chloral hydrat.
Pot. bromid. } aa .....ʒ ij.
Tr. capsici .....ʒ ss.
Tr. aconit. rad.....m. v.
Aquæ menth. pip.....ad ʒiv.
M. et Sig. Two tablespoonsful at bedtime for a few days only, freely diluted with water.

If the patient is very much excited, and is bordering on delirium tremens, the following is useful for two or three nights :

℞. Hyoscin. hydrobromat.....gr. j.
Aquæ dest.... .....ʒ ix.
Spt. vini rect.....ʒ j.
M. et ft. hypodermatic solution. Sig. Dose from five to ten minims *pro re nata*.

The diet table of Dr. Mann consists of milk, eggs, oysters, meats, fish of all kinds, buttermilk, and koumiss, plus a minimum amount of the cereals; vegetables and starchy foods allowed only very sparingly, the idea being to rely on a diet which requires the least vital force and oxygen to digest, assimilate and appropriate, and to have ingested into the body such material as will, when brought under the influence of oxidation,

yield energy, which is the expression of vital activity, and give the largest working power for the amount of food taken. By such a plan of treatment patients are sent out with restored health, the craving for alcohol gone, the lost will-power restored, the shattered nervous system built up, and with a concentration of energy, physical ability and mental activity obtainable by no other plan of treatment.

To render Dr. Mann's pill available, Parke, Davis & Co., have added it (Pil. Dipsomania, Dr. Mann,) to the list of gelatin-coated pills, which they supply in bottles of 100 or 500.—*Va. Med. Monthly.*

PROPHYLAXIS IN YELLOW FEVER, SCARLET FEVER, DIPHTHERIA, AND TYPHOID FEVER.—It is not my intention to discuss the various measures suggested and employed for the prevention, arrest or modification of yellow fever, scarlet fever, diphtheria, and typhoid fever. My object is simply to record some practical observations.

Yellow Fever.—In 1878, whilst an epidemic of yellow fever was prevailing in New Orleans, I determined to test the value of sulphate of quina as a *prophylactic* against yellow fever.

I had six children—three boys and three girls—who had never had the disease. I was also in the same condition.

I commenced the daily administration of quinine in small doses shortly after the yellow fever was declared to be *epidemic*, but abandoned the effort after a few days, as it nauseated my children. Each child was prostrated by the fever, and finally, in October, I was attacked, and did not recover my ability to walk or leave my sick bed until the latter part of December. One of my servants was also attacked by the disease.

I had, in all, eight cases of yellow fever in my family in 1878—all recovered.

Now, if I had used any prophylactic—quinine or sulphate of sodium—I would have been disposed to have extolled it as the cause of the favorable result of unusual recovery in my household and under my treatment.

Scarlet Fever.—I had seven children liable to scarlet fever, which attacked one of my daughters in 1876. The case termi-

nated favorably, and no other case occurred, although no measures of isolation, and no agents, as the sulphate of sodium, were employed.

Diyhtheria.—In 1882, my two youngest children were attacked by this disease, and were extremely ill; and at one time I had made all the necessary arrangements for the performance of tracheotomy. Both cases recovered, and no other cases have ever occurred it those constituting my immediate household. No measures of any kind were taken to arrest or prevent diphtheria.

Typhoid Fever.—In 1887, my youngest daughter was attacked by typhoid fever, apparently contracted during a visit to some friends in the country. No effort was made to isolate the disease, or to prevent or arrest its spread. The case terminated favorably, and has been the only instance of typhoid fever in my family.

It is evident that if I had used various agents, as sulphate of quinine or sulphite of sodium as prophylactics, I would have formed erroneous conclusions as to their value in warding off these various diseases.

I desire simply to place these facts on record at the present time, deferring any discussion of the theory and practice of prophylaxis in infectious diseases to a future time.—*Prof. Joseph Jones, M.D., of New Orleans in Va. Med. Monthly.*

THE INDICATIONS FOR THE ENUCLEATION OF AN EYE are (*Phila. Polgclinic*) thus summarized by Jackson:

1. The presence in the eye of a malignant new growth, as glioma, sarcoma, or tuberculosis. This indication is imperative, no matter how much vision the eye retains.

2. The presence in the eye of a foreign body, with iridocyclitis. If the injury be recent and the inflammatory process still active, and the patient cannot remain under observation, an eye with anything less than thoroughly useful vision should be sacrificed.

3. The presence of a foreign body in a blind eye.

4. Blindness with diminished tension of the eyeball, following perforation either from traumatism or corneal ulcer; most urgent after traumatic perforation of the exposed portion of the sclera.

5. Blindness from irido-choroiditis without perforation of the eyeball, if the patient cannot remain under observation.

6. Sympathetic inflammation, provided the exciting eye does not possess vision sufficiently good to be weighed against the chances of the sympathizing eye.

7. The actual presence of sympathetic irritation; not the risk of it, unless the patient is likely to be out of reach of surgical aid.

8 Persistent pain in a blind eye, sufficient to annoy its possessor or tempt him to the use of analgesic drugs.

9. Serious disfigurement of a blind eye, even if free from pain or risk of causing sympathetic disease.—*Philadelphia Med. and Surg. Reporter.*

Tobacco Ointment in Labor.—Dr. S. F. Verbeck states (*Chicago Med. Times*) that he was induced to use this preparation in a case of undilatable os in labor. He says he applied it thoroughly with his finger over the vaginal surfaces, and over the os and neck and as high up as he could reach on the walls of the womb. What was his delight to notice an almost immediate change in the condition of the parts and a most satisfactory and complete dilation within about half an hour. There was no constitutional symptoms except a desirable relief from the irritating pains, and the appearance of normal expulsive pains. The child was born within an hour. He had used it again with the same results. Since then he has used this ointment in eleven severe cases of rigid os without having any unsatisfactory results whatever. In every case the relaxation was complete within an hour and the termination of the labor was in every way satisfactory. In one of the cases there was mal-position and he was obliged to use forceps, but their use was greatly facilitated by the perfectly relaxed condition of the parts. The ointment was prepared by cutting up a plug of strong tobacco, mixing thoroughly with melted lard, and allowing it to simmer for several hours. It was then strained and kept for use.—*Med. Standard*

Surgical Treatment of Gall-stones.—Duncan (*Edin. Med. Journal*) after detailing several cases coming under his bservation, reaches the following conclusions:

1. That when the stones lie in the gall-bladder or lightly impacted in the cystic duct, cholecystotomy is a safe and easy operation.

2. That if the stone be impacted in the common duct, the gall-bladder is apt to be small, and such structures as the stomach and colon are prone to be adherent in awkward positions.

3. That in such cases it is safe to incise the duct and drain from the wound.

4. That, considering the perfect health enjoyed by patients with biliary fistula, there are few cases in which it would be justifiable to form a new route for the bile into the bowel.—*Therapeutic Gazette.*

TREATMENT OF DIPHTHERIA.—Drs. I. N. Love (*Medical Mirror*) and R. C. Atkinson have found that when the diphtheritic membrane is full-fledged or just developing, no better application for its dissolution can be made than the dry powder of papoid, applied by a camel-hair brush, moistened, thus taking up a liberal quantity, and applied directly or applied by insufflation. Repeated experiments with papoid applied to the membrane *in situ* resulted in its rapid softening, and a demonstration can be made of its value by taking a portion of the membrane, if separated from the mucous surface and covering it with papoid. It will melt as does the snow under the morning sun.—*Medical Standard.*

EXCISION OF THE CHANCRE has been tried a sufficient number of times to show that it cannot be relied upon in any way to prevent infection of the system with syphilis. A recent writer in the *N. Y. Med. Journal* gives a resumè of the opinions of leading syphilographers and they are almost unanimously against the procedure, Neisser and Auspitz forming the only exceptions of note. The writer referred to describes two cases in his own practice, one where he excised a chancre upon its first appearance, eighteen days after exposure, and the other where he cauterized an abrasion npon the prepuce only two hours after the suspicious intercourse, but in both of these cases secondary symptoms appeared in due course of time.—*N. W. Lancet.*

HEAT STROKE.—Remove clothing, sprinkle with water, cold cloths to the head, hot cloths to the feet, antipyrin, bleeding in robust subjects. After temperature is reduced give alcohol and diffusible stimulants, hypodermically if necessary.—*Medical and Surgical Reporter.*

IN MORPHINE POISONING Dr. Daily stretches the sphincter ani with the bivalve speculum as often as respiration flags, and regards it as a plan well worth following.—*Med. Record.*

ULCER OF STOMACH.—To combat the nausea and vomiting, a pill containing extract of belladonna, gr. $\frac{1}{8}$, and silver nitrate, gr. $\frac{1}{2}$, may be used with advantage; the latter is said to exercise a curative influence on the ulcerated surface, diminishes or neutralizes the hydrochloric acid present in the stomach—*Wolff, in Med. Record.*

TREATMENT OF GONORRHŒA.—Dr. Johnathan Hutchison always employs abortive measures, and usually succeeds, never encountering ill consequences. His prescription is a partnership of three different remedies all of which should be used: First, an injection of solution of chloride of zinc, two grains to the ounce; next, sandal-wood oil capsules; and lastly, a purgative night dose, with bromide of potassium. The injection is used three or four times a day, the capsules (ten to twenty minims) taken three times a day. The ingredients of the night dose are three drachms of Epsom salts and a half drachm of bromide of potassium. The author believes it is the action of the last named in preventing congestion of the parts, which makes the abortive measures safe.—*Kansas City Medical Index*

THE PERIOD OF INCUBATION OF THE INFECTIVE FEVERS.—The period of incubation of the various infective fevers has been a matter of great discussion, and one concerning which definite conclusions have not been reached. A report on this subject by a committee of the leading London Clinical Society will be received with much interest.

The conclusions of a committee which has evidently gone over the subject so carefully are of much importance, and deserve to be presented here:

Diphtheria, two to seven days; oftenest two.

Typhoid fever, eight to fourteen days; sometimes twenty-three.

Influenza, one to four days; oftenest three to four.

Measles, seven to eighteen days; oftenest fourteen.

Mumps, two to three weeks; oftenest three weeks.

Rubeola, two to three weeks.

Scarlet fever, one to seven days; oftenest two to four.

Small pox, nine to fifteen days; oftenest twelve.

Further investigations were made with regard to the time and duration of the infective period.

Diphtheria was found to be infective during the period of incubation, attacks and convalescence.

Mumps and rubeola are also infective for three or four days before the onset of the parotiditis and appearance of the rash.

The contagiousness of measles speedily disappears, and does not continue in disinfected persons for over three weeks.

Typhoid fever is infectious from the time of onset until two weeks after the fever has gone and convalescence has set in.

As is well known, the contagiousness of scarlet fever varies greatly, but is generally continued a very long time—certainly until desquamation ceases, and sometimes as long as eight weeks.

The figures put forth by the committee of the Clinical Society will doubtless excite some discussions and controversy, but they are based on a large amount of clinical data.—*Extract from an Editorial in Medical Record.*

A Natural Supposition.—Mr. Tulkinhorn—There is a very fine picture of our minister in to-day's paper.

Mrs. Tulkinhorn—Indeed! What has he been cured of?

The Exhibit of the pharmaceutical chemists' tablet triturates, etc., is labelled by the World Fair people at Chicago as confectionery. Some things need to be tasted to be appreciated. —*Omaha Clinic.*

TREATMENT OF UTERINE TROUBLES.—More and more, as time passes and the smoke of discussion gives way to solid conviction, is the profession impressed with the thought that there are many of the diseases of women and girls, which under no circumstances, require or should receive manipulative or mechanical treatment. Indeed, conscientious physicians, recognizing the neurotic factor, and granting to the uterus and its appendages the privilege of being locally disturbed by constitutional conditions, are ready to receive gratefully and enthusiastically, such a remedy as Ponca Compound. It serves as a general stimulator of secretions, and as a thorough tonic. The endorsement of such men as Dr. A. M. Owen, of Evansville, Ind.; Dr. Thos. Hunt Stucky, of Louisville; Dr. Arch Dixon, St. Louis, and hundreds of others scattered over the country, is convincing proof of the value of Ponca Compound.—*Medical Mirror.*

Editorial.

"MUCH ADO ABOUT NOTHING."

This good old world has not made its annual cycle many times since the inhabitants of its civilized and enlightened portions were startled to an unusual degree by the announcement, from a once distinguished French scientist, that the unavailing search of Ponce De Leon for the fountain of perpetual youth need no longer be lamented, and that, although he had not discovered this much-to-be-desired spring in which to rejuvenate his aged members, the end could be accomplished by the injection of testicular extracts. This announcement took the world by storm. The secular and scientific publications were full of it, and a corner on the "lamb-fry" market was a natural consequence—mountain oysters going up away out of sight. Among the notables of the American continent who was early to place himself upon record was an ex-surgeon-general of the United States Army (retired list). Some of our leading houses engaged in the

manufacture of pharmaceutical products, placed their chemists and crucibles at active work in making, manufacturing, and bottling spermine, testicle juice, etc. Scarcely a village with any metropolitan pretensions whatever, that did not have one or more progressive medical men who hastened to avail themselves of a means by which their elderly patrons could bid defiance to the lapse of years and the stride of time.

Well, well, we don't hear much of it now. The clinical reports appearing quite frequently at that day seem somewhat ludicrous now, though so short a time has rolled by. Among the first to embrace and the last to abandon the senile delusion of the garrulous Gaul was Dr. Wm. A. Hammond, formerly of the United States Army, later of New York City, and now of Washington, D. C. In an early number of the *New York Medical Journal* of this good year, 1893, he had quite an elaborate paper on the preparation and therapeutical properties of "Certain Organic Extracts." Messrs. Parke, Davis & Co., of Detroit, Mich., who have made numerous and commendable efforts to aid the practitioner of medicine, by means of their elaborate and complete appliances for manufacturing pharmaceutical products, and who have ever been in the van in introducing new drugs and their compounds, immediately, or some time thereafter, commenced the manufacture of "Dessicated Thyroids," for the cure of myxœdema, and "Cerebrin," "prepared" (as stated in their advertisement in this and other Journals) "after the formula of Dr. William A. Hammond. Put up in glass-stoppered ounce vials." Also stating in parenthesis as follows: ["While Dr. Hammond has recommended maceration of the brains for six months, we have modified his method in such manner that we are enabled to thoroughly extract the crude material in as many days"].

Well, there seems to be nothing wrong in this. In fact, the abbreviation of time in manufacturing the product would seem preferable—at least so to a man up a tree. Extract of brains, as well as testicle juice, would certainly be the better for freshness. As for making use of the formula, or an improvement thereon, the same not having been at that time copyrighted, patented, or otherwise protected, or even saying that their preparation was prepared after the formula of Dr. H., or a modification of the

same, we certainly think they had a right so to do, just as much as Dr. Hammond had the right, or assumed the right, to use the testicle juice of poor old Brown-Sequard, some years since. At least, if I had felt like wasting my time in such ridiculous nonsense, or any other reader of the *New York Medical Journal* of January last, or a reader of any other Journal that may have copied the original, I would not have thought that there would have been an occasion for the subsequent display of wrath and ire on the part of the one and only Hammond. He gave his lucubrations to the public in a medical journal, issued for the public, and if one or many had seen proper to avail themselves of its real (?) or assumed benefits—why—yes, why this "tempest in a teapot?" Why this charge of fraud—aye, of *stealing* enunciated against a so well-known house, whose members are honorable gentlemen? Why this threat of legal proceedings? Yes, why all this thusness?

Possibly Dr. Hammond may have reasonable grounds for a lawsuit, but will he not have to show a real value of the article at issue? If he claims damages to his good name and reputation, was he not the first to so impair it?

But, mayhap, there is a "*raison d'etre*," in verity "a nigger in the wood-pile," an unquestioned feline in the meal-tub. Has Dr. Hammond copyrighted or patented his "Certain Organic Extracts?" Has he embraced Cerebrin as well as Cerebrine; Testin as well as Testine; Musculin as well as Musculine? Or, has he a proprietary right, or a silent-partnership in some other pharmaceutical house than the well-known establishment at Detroit?

In giving expression to an opinion of the whole matter, we can only state that "the game is not worth the candle." In conclusion, our readers will find in our advertising pages, well worth reading, "*An Apology*," inserted by order of the well-known pharmaceutical chemists, Messrs. Parke, Davis & Co., of Detroit, Mich.

KUMYSGEN.—One of the most important and valuable requisites for the sick-room is Reed & Carnrick's Kumysgen. It possesses every requisite of a perfect food. It is especially appli-

cable to those conditions where patients cannot take ordinary food. It is highly nutritious, containing fully one-third of albuminoid matter. It is prepared by Messrs. Reed & Carnrick in the form of a dry powder, and sent out in special syphon bottles, by the use of which in a very few minntes a very palatable, highly nutritious drink can be made. The casein in it is in such a finely divided and soluble form that the feeblest digestion will prepare it for assimilation. It will allay irritability of the stomach and will be retained when all other foods, even the old style Kumyss and cold water, are ejected.

Having tried it lately in a series of cases in which irritability of the stomach was a marked feature, and forced nutrition essential, fully justifies me in its highest commendation as a most excellent food-product.

It is far less expensive than any other form of Kumyss and in every way preferable. It is superior to ordinary milk, always uniform in quality, free from disease germs and adulterants, requires but little effort on the part of the digestive organs for its assimilation, and the directions accompanying each bottle for its preparation are so plain and simple that any one can understand them.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The Nineteenth annual meeting will occur in Indianapolis, Wednesday, Thursday and Friday, October 4, 5 and 6, 1893.

A general session will be held each morning and the afternoons will be devoted to section work. There will be three sections at this meeting, viz: One on General Medicine, one on General Surgery and one on Obstetrics and Gynecology; the last mentioned having been added since the last meeting.

The indications at present are, that for genuine scientific work this will be one of the best meetings in the history of the Association. The attendance will probably be unusually large, as many physicians expect to make their visit to the World's Fair at this time. Chicago is but a few hours' ride from Indianapolis, and there is no more delightful time of the year in which to visit the World's Fair than this. Holders of tickets to Chicago on any line passing through Indianapolis will be entitled to

stop-over privileges at the latter point. Cheap rates will also prevail between these two cities.

The profession of Indianapolis is united in extending a cordial invitation to physicians and their families to attend the meeting.

Reduced railroad rates will be provided, further notice of which will be given.

The Secretary will be glad to receive titles from those physicians desiring to favor the Association with papers. It is especially requested that these titles be sent as early as possible, in order to give ample opportunity for the appointment of leaders in discussion.

The Secretary will take pleasure in giving any information in connection with the meeting.

FREDERICK C. WOODBURN, *Secretary*,
R. STANSBURY SUTTON, *President*. Indianapolis, Ind.

THE PRACTICE OF MEDICINE MADE EASY.

Yes, yes, indeed, the millennium is nigh at hand. Notwithstanding the heroic efforts that have been made of late years by the organization of State Boards of Medical Examiners, the efforts at elevation of the medical profession, the extension of the time of medical study throughout nearly all, if not all, the various medical centers in the country, the tons upon tons of medical text-books, the papers and essays of local, State, and National medical organizations, the improved methods and appliances of medical teaching, the greatly enhanced clinical advantages, the developments of the microscrope, the progress in physiological chemistry, in pharmacy, in electricity, and all the arts and sciences that go to make up a most magnificent whole of the healing art and science, all are now unnecessary. The study of anatomy—aye, that of the bones, for "they are very dry,"—of physiology, of pathology, of biology, bacteriology, of materia medica, and therapeutics, as well as all the other special departments over which so much time, so many valuable hours, such oceans of mid-night oil have been consumed in the past being no longer needed.

Mirabile dictu! That an ex-medical officer of the highest

rank of Uncle Sam's army, now on the "'tired list," has accomplished so much! A far grander achievement than striking from the supply table of that army during its highest degree of potency, two drugs that for years previously, and even to this good day, have had a recognized usefulness as therapeutic agents. No more need of the vast array of drugs, medicines and pharmaceutical supplies that fill the many shelves of our multitudious drug stores, to say nothing of mercury or antimony! The simplicity of "similibus curantur," or even the faith cure, the laying on of hands, *et id omne genus*, are relegated to the shades of the past by *The Animal Extracts*, perfectly sterilized, prepared according to this wonderful savant in his laboratory at Washington, and under his immediate supervision, that can now be obtained through the druggist at two dollars a bottle.

If you have lost your eye-sight—no matter whether from glaucoma or cataract—forty nickels' worth of *Oculine* will enable you to see clearly whether your opponent, though he be "a Celestial, childlike and bland," is sitting behind four full-fledged aces or a bob-tailed flush. If you are deaf as an adder, whether due to centric or peripheral organic lesion, closed eustachian tubes, dislocated ossicula, or perforated tympani, two hundred cents' worth of *Auricularine Asinorum* will make you fit as a fidddle to hear a flea whisper. If you have lost a leg, no need to apply to Marks, or resort to the less graceful but more euphonious *crus ligneum* while *Cruraline* or *Tibialine* can be procured for only two dollars a bottle. If your arm is gone *Brachialine* will grow you another. If the trouble is with your generative organs *Ovarine*, if a male, and *Testine* will do the work for the feminine gender. And if you have lost your head the remedy is cheap as dirt. Verily, the philosopher's stone is "nowhar."

THE PAN-AMERICAN MEDICAL CONGRESS EXCURSION TO ROME.

It has been definitely determined that the Pan-American Medcal Congress Excursion to the XI International Medical Congress will sail on the S. S. "Werra" from New York, September 9th, the day following the adjournment of the Congress at Washing-

ton and will arrive at Genoa, September 20th, four days before the opening of the Rome meeting.

Round trip steamer tickets may be procured for $142.50 for inside rooms, and $150.00 and upwards for outside rooms. Tickets are good for members of the Congress and their families and may be used at option of holder to return on any steamer of the line from Genoa, or on Saturday Steamers from Bremen, or Sunday Steamers from Southampton, during the months of October, November, and December. Physicians desiring to avail themselves of this exceptionally low rate should at once become members of the Pan-American Medical Congress by sending the registration fee of ($10.00) to the Treasurer, Dr. A. M. Owen, Evansville, Ind., and informing the Secretary-General, Dr. Chas. A. L. Reed, Cincinnati, of their intention to join the excursion. Passage should be secured without delay, as the trip, involving as it will, a stop at the Azores and Gibraltar and a sixty hours sail along the picturesque coasts of Spain, France and Italy promises to be very popular. Many prominent European guests of the Pan-American Congress will return on this occasion. The time allowed will afford American physicians an opportunity to not only attend the International Congress and visit Rome, but to extend their journey to the famous sanatoria of South France and the Riviera.

DR. W. C. ABALY SAYS: I have used Three Chlorides, R. & H., with marked success in syphlitic iritis, teritary syphilis with anæmia. As a tonic alterative and for various conditions in which mercury, iron, and arsenic are indicated in a palatable form, I take great pleasure in recommending it to brother practitioners.

September 12, 1891. Madison, Wis.

A UTERINE TONIC.—There are medicines that act specifically upon the uterus. Notably among these are Viburnum Prunifolium, Cohosh, Skullcap and Aletris, all of which are acti· ingredients of Dioviburnia, in which are combined also anti-spasmodics and tonics that render it efficient in all menstrual disorders. Dioviburnia in uterine diseases is excellent.

WARNER & CO.'S EXHIBIT AT THE WORLD'S COLUMBIAN FAIR.—In the Manufactruers and Liberal Arts Building, is a department devoted to Pharmaceutical Products, in the north-west corner of the gallery. This is a prominent position because the spectator can look upon the exhibits below in a comprehensive way that clearly illustrates the magnitude of this great building of forty-four acres of floor space. The exhibit of Wm. R. Warner & Co. is located in this department, Section D. 101, at the junction of two avenues. It comprises 400 square feet and consists of a pyramid eighteen feet high with steps forming shelves, trimmed with gilt moulding and surmounted by a statue of Mercury. There is a four foot space on either side with seats for visitors, and a door leading to the interior. The stand is simple and conspicuous, without any attempt at a cabinet maker's display or of beautifying cut bottles. This collection comprises sugar-coated and gelatin-coated pills, flat, oval, pink, white, blue, and yellow. Compressed Tablets, Fuid Extracts, Effervescing Salts, including Bromo Soda highly extolled in sea-sickness, insomnia, and migraine.

The firm of Wm. Warner & Co., (founded in 1856), occupies a most prominent position in their particular line. F. Newbery & Sons, 1 and 3 King Edward Street, are their agents in London. Wm. R. Warner & Co. have branch stores at 197 Randolph Street, Chicago, and 18 Liberty Street, New York.

A PRACTITIONER devoting special attention to the Diseases of Children says:

"In the treatment of chronic diarrhœa we are safe, it matters not at what time we may be called, in administering some antiseptic medication, something that will prevent fermentation, and have a destructive effect upon the septic germs more than likely present in the alimentary canal. Happy effects are often secured by the use of LISTERINE properly diluted: a favorite prescription is the following:

℞ Lambert's Listerine.
Glycerine [c. p.]
Syr. Simpl.
Aquæ cinnamon,.....aa ℥j. M.

Sig. Teaspoonful every one, two or three hours, as may be indicated.

Taking into consideration the component parts of LISTERINE, it impresses me favorably as a prophylactic and remedial agent for cholera, along with other intestinal disturbances. The eucalyptus, thyme, gaultheria and boracic acid which it contains are all antagonistic to germ life and oppose fermentation. The preliminary diarrhœa (cholerine, as it is called) may well receive teaspoonful doses of LISTERINE combined with same amount of glycerine; in fact, I should be inclined to recommend to the laity this combination as a prophylactic measure."

BETTER TO "BEAR THE ILLS WE HAVE THAN TO FLY TO THOSE WE WOT NOT OF."—Prof. J. S. Newman, professor of Agriculture in Clemson College, South Carolina, has told a gentleman in Berkley county, that state, who said that land had been much more productive since the big earth-quake, that this was due to the fact that the earthquake provided better drainage. The same gentleman said that there had been no chills and fever in his family since the earthquake, whereas, before the seismic surprise they suffered greatly from that scourge."—*Nashville Daily American*, of July 15.

[Yes, Yes, but with the present price of quinine a malarial shake is preferable to a seismic one.]

L. B. GRANDY, M.D., Demonstrator of Anatomy and Microscopy, Southern Medical College, Atlanta, Ga., says:

"Antikamnia has given me the most happy results in the headaches and other disagreeable head symptoms that have accompanied the late catarrhal troubles prevailing in this section. In my practice it is now *the remedy* for Headache and Neuralgia, some cases yielding to it which had heretofore resisted everything except morphine. I usually begin with a ten grain dose, and then give five grains every fifteen minutes until relief is obtained. A refreshing sleep is often produced. There seems to be no disagreeable after-effects.

A SECTION ON MATERIA MEDICA AND PHARMACOLOGY, Pan American Congress, has been organized under the executive

presidency of Professor Jos. P. Remington, of Longport, N. J., with Professor F. G. Ryan, 3739 Brown Street, Philadelphia as English-Speaking Secretary. This section promises to be ore of the most important of the entire Congress. Delegates have been invited from all the pharmaceutical societies and colleges in all the Americas. Those contemplating attendance are invited to prepare papers on pharmaceutical topics. Titles should be sent at once to Professor Ryan, Secretary.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports of cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

I have used Cactina Pillets and find them very valuable in common heart troubles when weakness and irregular action is manifested. I shall use them in the future.—ALBERT DAY, M.D., *Superintendent and Physician of Washingtonian Home, Boston, Mass.*

I have found Peacock's Bromides exceedingly efficacious in headache and cerebral congestion, more so by far than the ordinary bromides.—JAMES MAC MUNN, L.R.C.P., L.R.C.S., *Resident Medical Officer Great Northern Hospital, London, 39 Cecile Park, Crouch End, London, Eng.*

DR. ERNST HART, Editor of the British Medical Journal, and Prof. Dr. Czerny, of Heidleburg, will be among the distinguished guests at the Pan-American Medical Congress. The latter is booked for the Pan-American Excursion to Rome by the "Werra."

Reviews and Book Notices.

A Practical Treatise on Materia Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, A.M., M.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc., etc. Second Edition. Revised. In two Royal Octavo Volumes. Volume I, 353 pages: Devoted to Pharmacy, General Pharmacology, and Therapeutics and Remedial Agents not Properly Classed with Drugs. Volume II, 680 pages: An Independent Volume upon Drugs. Volume I, in Cloth, $2.50 net; Sheep, $3.25 net. Volume II, in Cloth, $3.50 net, Sheep, $4.50, net. Philadelphia: The F. A. Davis Company, Publishers, 1914 and 1916 Cherry Street.

The first edition of this work appeared exactly two years ago, and it augurs well for the popularity of the work as well as the usefulness of the book that a second edition should be called for in such a short space of time. The work has been thoroughly revised and brought up to the times. Some portions have been entirely re-written thus furthermore enhancing the value of this meritorious work. It is in point of fact an encyclopedia of therapeutics and materia medica.

Volume I is devoted to pharmacy, general pharmacology and therapeutics, and remedial agents not properly classed with drugs.

Volume II is wholly taken up with the consideration of drugs, each remedy being studied from three points of view, viz.: the Preparations, or Materia Medica; the Physiology and Toxicology, or Pharmacology; and, lastly, its Therapy. Each volume is thoroughly and carefully indexed with clinical and general indexes.

The publishers state that the volumes are sold separately, the

second being entirely independent of the first, but we would advise our readers to buy both and to do so immediately if they desire to invest in a manner which they will never have to regret. Each volume is a mine of information in itself and the improvement over the first edition is so marked that we do not hesitate to predict that the present edition will be exhausted in a much shorter time than its predecessor was.

DISEASES OF THE RECTUM AND ANUS, Their Pathology, Diagnosis, and Treatment. By CHAS. B. KELSEY, A.M., M. D., New York, Professor of Diseases of the Rectum at the New York Post-Graduate Medical School and Hospital, Late Professor of Diseases of the Rectum at the University of Vermont, etc. Fourth edition, revised and enlarged. With two chromo-lithographs and one hundred and sixty-two illustrations. Octavo, pp. 496, extra muslin, price, $4.00. New York. WILLIAM WOOD & Co. 1893.

This, the fourth edition of this standard book, has been thoroughly revised and brought up to date by the author. This process involved so many changes and additions that it was thought best to reset the entire work, thus making it practically a new book,

Dr. Kelsey's name is a sufficient voucher for the value of this work to students and practitioners. We quote his modest preface entire, as follows:

"The author's main idea in thoroughly revising his work before allowing this, the fourth edition, to come before the profession, has been to incorporate in it what new facts practical experience may have taught him, and whatever of value has been added to our fund of knowledge by the labors of others in the same field.

He trusts that by doing so the practical value of the work, as a text-book has been somewhat increased."

IMPOTENCE AND SEXUAL WEAKNESS IN THE MALE AND FEMALE. By EDWARD MARTIN, A.M., M.D., Surgeon to the Howard Hospital; Clinical Professor of Genito-Urinary Surgery, University of Pennsylvania. 12 mo. paper, (Physician's Leisure Library Series.) pp. 102, price, 25 cents. GEORGE S. DAVIS, Publisher, Detroit. 1893.

This little work embraces a very complete and satisfactory consideration of the following subjects: Impotence and Sexual

Weakness; Prostatorrhœa; Involuntary Seminal emissions and Impotence in the Female.

ELECTRO-THERAPEUTICS OF NEURASTHENIA. By W. F. ROBINSON, M.D. 12 mo., paper; pp. 72., price 25 cents, (Physician's Leisure Library Series.) GEORGE S. DAVIS, Publisher, Detroit. 1893.

This is a very satisfactory consideration of an important therapeutical measure for the treatment of a very trying and troublesome morbid condition.

HYDROTHERAPHY AT SARATOGA, A Treatise on Natural Mineral Waters. By J. A. IRWIN, M.A., [Cambridge, Eng.]; M.D., Dublin University; etc., etc. 8 vo. cloth, pp. 270. CASSELL PUBLISHING Co., New York.

If one needs special information in regard to mineral waters in general with specific details as to the great and popular resort of America he will find it in this excellent little monograph. It is a concise, yet complete and practical consideration of the therapeutic uses and properties, internal and external of the natural mineral waters; alike interesting, entertaining and instructive.

THE SURGICAL ANATOMY AND SURGERY OF THE EAR. By ALBERT H. TUTTLE, M.D., S.B., [Harv.] With Twenty-eight Original Illustrations, Reproduced from the Writer's Drawings from Nature. 12 mo., pp. 109, paper, price 25 cents. [Physician's Leisure Library Series.] GEORGE S. DAVIS, Publisher, Detroit. 1892.

A very excellent little monograph is this number of the Leisure Library Series. The description and deductions are excellent, and the illustrations are superior to many found in more voluminous and far more expensive works. This little brochure is well worth many times its cost price.

APPENDICITIS AND PERITYPHLITIS. By CHARLES H. TALAMON, M.D., Physician to Tenon Hospital, Paris, France. Translated by E. P. HURD, M.D., 12 mo. paper, pp. 210, price 25 cents. [Physician's Leisure Library Series.] GEORGE S. DAVIS, Publisher, Detroit. 1893.

This little treatise is a good *resumé* of what is known of appendicitis and perityphlitis. Dr. Talamon, though one of the younger men in the medical profession in France has always carried a wide reputation as a writer. No more practical and use-

ful treatise could be offered the general practitioner who is liable at any time to run up on one of these formidable conditions, so often attended with a sad fatality. The work of the translator is well and carefully done.

THE ELEMENTS OF HUMAN PHYSIOLOGY. By ERNEST H. STARLING, M.D., M.R.C.P., Joint Lecturer on Physiology at Guy's Hospital, London. 100 illustrations. 12 mo. 436 pages. Cloth, $2.00. P. BLAKISTON, SON & Co., Publishers, 1012 Walnut Street, Philadelphia. 1892.

This is a most excellent little text-book that will be eagerly welcomed by a large number of students, and while primarily intended for those in their novitiate, we feel confident that when its value becomes known it will be widely read by many who study physiology as it always should be studied, as a branch of biology.

The author deserves credit for the complete and exhaustive manner in which the book has been brought up to date in all its departments. This is a marked feature and renders the work of great use, not only to the elementary student, but to the more advanced, and will make it peculiarly valuable to the practitioner who wants to keep himself well abreast with the advances in his profession.

SYPHILIS AND THE NERVOUS SYSTEM, a revised reprint of the Lettsomian Lectures for 1890, by W. R. Gowers, M.D., F.R.C.P., F.R.S., Consulting Physician to University College Hospital; Physician to the National Hospital for the Paralyzed and Epileptic, etc. 8 vo., cloth, pp. 131, price, $1.00. P. BLAKISTON, SON & Co., Publishers, 1012 Walnut Street, Philadelphia. 1892.

Dr. Gowers is so well known as an authority on diseases of the nervous system that commendation of anything from his hands is unnecessary. This is a thoroughly revised reprint of a series of three lectures delivered some three years ago, to which material additions have been made. Lecture I., is a consideration of the Ultimate Pathology of Syphilis; Lecture II., the Origin of Functional Nervous Disorders attributed to Syphilis on Imperfect evidence; Lecture III., the Essential Principles underlying the prognosis of Syphilitic Disease of the Nervous System, and their effect upon the special prognosis of the Chief Lesions.

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

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DEERING J. ROBERTS, M.D., - - *Editor and Proprietor.*

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Original Communications.

REMOVAL OF CYSTIC GOITRE AND LEFT LOBE OF THYROID GLAND.*

BY PAUL F. EVE, M.D.,

Professor of Principles of Surgery and Operative and Clinical Surgery in the Medical Department of the University of Tennessee.

On July 18th I received a hasty summons to come to Grundy County, this State, for the purpose of performing an operation. The case being urgent, I left the next morning and arrived at my destination that afternoon. I met in consultation the attending physicians, Drs. Barnes and Black, and made a careful examination of the patient. He was a man who apparently had once a robust constitution, but which had been severely taxed

* Reported at Nashville Academy of Medicine August 3, 1893.

by hard labor. He was born in Switzerland, January 18, 1865; thus making him 28 years old at the time of the operation.

Upon examination, a tumor was discovered upon the anterior part of the neck, extending from the hyoid bone to near the sterno-clavicular articulation, and from side to side to the margins of the sterno-cleido-mastoid muscles. The tumor must have been in diameter from five to six inches. In front, palpation gave fluctuation, but upon left side a marked induration could be felt, pushing aside the sheath containing the carotid artery, jugular vein and pneumogastric nerve. The pulsation of carotid could be distinctly seen and felt in this situation. We clearly came to the conclusion that we had to deal with a cystic goitre.

The patient for the past few days was complaining of suffocation, and as this was constantly getting worse, and the tumor growing larger, I was sent for to remove the same. Prior to my arrival an attempt had been made to evacuate the cyst, but a dry tap was the result.

From the patient we obtained the following history: That up to the time of the appearance of the tumor, which was first noticed June 14, 1893, he had been a steady, robust man, and had always enjoyed the best of health. He was active and had been working very hard for the past two or three years, frequently running his labors late into the night. He also stated that there was scrofula in his family; but, upon closely questioning him, he gave no symptoms of ever having had this affection. The tumor when first noticed by him was about the size of a hickory nut, hard to the touch, but accompanied with no pain. Thinking it was a slight swelling, and that it would go away, he paid but little attention to it and kept right on with his work. Shortly after this first examination he became aware that the tumor was increasing in volume, and, while it gave him no pain, yet it became a source of anxiety. At the request of his wife Dr. Barnes was called to see him. The doctor saw him first about the latter part of June and gave him treatment to relieve the tumor, but to no effect; it rapidly increased in size and volume each day. Dr. Black was now called in consultation, and, as the tumor was giving him great inconvenience by weight, and a slight oppression by night, fluctuation being detected, a trocar and canula was inserted for the purpose of evacuating the fluid,

but to their disappointment no fluid was drawn off. This operation was performed about July 14, 1883.

Suffocation from pressure of tumor upon trachea was first complained of about four or five days prior to my visit, and this became greatly increased, especially during the night. These symptoms gradually increasing, and fearing death from suffocation, we placed the patient upon preparatory treatment in order to get him in as good condition as possible before operation. I operated upon him July 20, 1893, assisted by Drs. Barnes and Black. A crucial incision was made, the vertical extending from hyoid bone to near the middle of sternal notch, and horizoncal from the margins of sterno-cleido-mastoid muscles, and these flaps dissected back. But little hemorrhage was elicited by this incision. The cyst being now brought prominently into view, was pierced with a trocar and canula, and about eight to eight and a half ounces of bloody fluid drawn off. The cyst was now rapidly dissected off, hemorrhage being controlled by hæmostats. My attention was next directed to the left lobe of the thyroid gland, which was enlarged and very hard, and pressing to some extent upon the trachea. This was dissected up and removed. The isthmus and right lobe being but slightly enlarged were left intact. All vessels being now secured and ligated, the edges of the incision were approximated and the wound antiseptically dressed.

My patient made a rapid and safe recovery, and since the operation has had no symptoms of suffocation. At this date, August 20th, patient is in excellent condition, and wounds entirely healed.

There are several interesting points about this case that I desire to call attention to. First, goitre or bronchocele is an affection common among women, but less frequently occurring among men, and especially in our Southern States. We are aware, however, that it occurs quite frequently in the regions of the Alps, Appenines and Pyrenees, and even occasionally as an epidemic. Now, although our patient was a native of Switzerland, he had been living on the Cumberland Mountains for six or eight years. So, then, we have the rare case of goitre in the male, and occurring in our Southern States.

Secondly, I call attention to the peculiar fluid evacuated.

This was not serous fluid tinged with blood, but had the characteristic conditions of defibrinated blood, and remained in this condition after being removed.

And, finally, to the mode of the incision made—viz: the crucial instead of the Y or straight incision commonly made. My reason in making this incision was for the purpose of having a clearer field for operation than the others would admit, and thus being better able to grasp the bleeding vessels with hæmostats, and losing as small a quantity of blood as possible, and thereby adding to the chance of the recovery of my patient.

The question of treatment of goitre is still under discussion, and many and varied are the remedies and methods used. Probably the most approved and efficient medicinal treatment at the present time was that instituted by Dr. Barnes when he first saw the case; viz: the internal administration of iodide of potash and strychnia and the external application of iodine. Under this treatment conjoined by the application of galvanism I have seen several enlargements diminish and some even disappear, especially those in young females between the ages of sixteen and twenty-four, but as stated above, this gave but little or no relief to our patient. Another method extolled by many is in the evacuation of the cyst, and then the injection into the sac of tinc. iodine, solutions of carbolic acid, tinct. chloride of iron, solution of ergot, etc. But these interstitial injections are not devoid of danger and have produced death by entrance of air into the venous circulation or by the production of thrombus and embolism. Again, violent inflammation has occurred, and sloughing and gangrene supervened, leaving the patient in a worse condition than prior to the operation. We find, also, that in a number of cases that they have produced but little or no good, and the cyst had developed again, requiring operative procedure. Now, I mention this treatment only to condemn it, and infinitely prefer the chances of an operation to the chances of such methods of treatment. I may mention also the treatment by galvanism, which, in my hands, together with the multiple puncture, has resulted in several cases of complete recovery and disappearance of the tumor, and which I think ought always to be tried when the nature of the case admits of it.

All these lines of treatment I have suggested from the fact

that, owing to the large death-rate from hemorrhage during excision, it is considered a very grave operation by many authors, and, hence, they have condemned the operation unless it is absolutely required. When we read the literature upon this subject we find a number of cases of goitre reported which, having increased rapidly and are pressing upon the trachea, have produced death from suffocation. Now, while I believe there are many drawbacks to the operation, if many of these cases reported had been promptly operated upon, a number of them would have been saved.

This was eminently a case that was not only justifiable for an operation but one which, in my own opinion and those of the physicians who were in charge, would inevitably have died if we had not operated when we did. The symptoms of suffocation were getting more and more alarming, as also was his inability at deglutition. Again, this was a radical cure, as we can safely promise that the cyst will never return, it having been completely removed, and, hence, impossible to return. I would, therefore, recommend, seeing that those cases where suffocation begins to take place and the fact that if they are left alone will prove fatal, an early removal should be effected, even though the patient's condition should be unfavorable.

There is one point more and I have finished. This growth was very rapid, commencing about the middle of June and increasing until the operation, July 20, 1893. Could this be cancer? I reason not. 1st, Because there is no history of cancer in his family and there is no cachexia present in the patient. The greatest amount of pressure was due to the cyst and from pressure upon surrounding structure. I believe enlargement of left lobe took place from inflammation; and, finally, no symptoms of any cancerous condition have been noticed in the patient during his convalesence. I am, then, of the opinion that this was a benign growth and that the patient will not again be troubled with a recurrence.

It being pretty well established at the present time that extirpation of the thyroid gland will be followed by myxœdema, I left *in situ* as much of the gland tissue as I deemed safe.

CONCENTRATED RAYS OF THE SUN (SOLAR CAUTERY) AS A REMEDIAL AGENT.*

BY O. V. THAYER, M.D., OF SAN FRANCISCO, CAL.

Many years ago I commenced a series of experiments in the treatment of diseases of the skin and its appendages, and have continued them from time to time up to the present. My first experiments were with the use of heated needles which I had seen used by the late Professor Valentine Mott, M.D., of New York City, while a student at the Medical Department of the University of New York. The heated needles were applied for the destruction of erectile tumors and other morbid growths, For some time I continued the use of the needles whenever I could find a patient willing to submit to this delicate treatment. Many were the wails sent out on high and sometimes sent to the regions below as the victims squirmed under the torture of this method of treatment. This was attended with only partial success at first. But with more experience in the use of the needles and selecting my patients with more care and better judgment the treatment proved more successful and satisfactory.

Medicated Needles.—My next experiments were with needles dipped before using into acids, alkalies and astringents, then thrust into the morbid tissues. I treated many cases of nævi, or, more properly, capillary aneurism, in this way, using liquor ferri persulphatis, carbolic acid, etc. The needles were pushed through and through the vascular tissues. Inflammation followed, adhesions of the walls of the minute vessels supervened and the circulation was cut off, leaving the surface a more natural color. It was necessary to repeat these operations in order to produce a permanent cure. This treatment was attended with considerable pain and nervousness, consequently it became unpopular, especially amongst its victims.

Endermic Injections.—My next step was the use of the endermic syringe by which the medicated fluid was introduced di-

*Read before the San Francisco County Medical Society, April 11, 1898.

rectly into the morbid tissues, in the quantity desired. Many cases were treated in this way, resulting in few permanent cures. The injected fluid generally destroyed the vitality of tissues, cutting off nutrition and sloughing followed. After cicatrization an unsightly scar remained to remind the surgeon, as well as the patient, ever afterwards that the treatment was unsuccessful and far from satisfactory. There was also more or less danger attending the partial coagulation of the blood in the vessels.—Coagula might be detached and enter the general circulation, resulting in embolism and death. When I realized the number of operations of this character I am more than surprised that no accident followed this treatment.

Croton Oil.—I also tested the value of croton oil in the treatment of birthmarks and other discolorations of the skin. I used an instrument invented by a German physician, consisting of a cylinder holding the oil, at the bottom of which was a porous membrane pierced with some twenty fine short needles; these were connected with a spring. By applying the instrument to the part to be operated upon and pressing the spring the needles entered the skin carrying with them more or less oil. A vesicular eruption followed, adhesive inflammation intervened obliterating the capillary vessels, leaving the skin a more natural color. If necessary the application could be repeated until the cure was complete. Carbolic acid can be used in the same manner and purpose. I also used in my experiments ethylate of sodium and potassium for the removal of discoloration of the skin. The part is lightly covered with the ethylate which soon changes the skin to a dark brown color, after which a crust is formed. Within a few days this will loosen and come off, leaving the skin much lighter in color. The application can be repeated until the skin resumes its natural color. I have tried the freezing process; the skin is frozen, then with a scalpel the part is cut in paralled and oblique lines the sixteenth of an inch apart; press immediately upon the cut surface white thick blotting paper to absorb any blood that may ooze out. The object in view is to cut across the small vessels and destroy them; this treatment was attended with more or less success.

It has required much time, patience and perseverence in testing the value of these several remedial agents and great pains

were taken in securing suitable cases for treatment. Great care and much caution was needed in the applications to avoid, if possible, any permanent injury. These experiments have not proved altogether satisfactory, although many cases were treated successfully. Still I am compelled to acknowledge numerous partial or complete failures. More or less trouble was experienced in getting patients to submit to the treatment, especially women and children and the more timid of the sterner sex. The old adage, "A burnt child dreads the fire," deprived me of the opportunity of repeating the operation which was absolutely necessary to success. On the whole, however, much valuable knowledge has been obtained which can be utilized in future practice.

We come now to the most important and instructive portion of this paper. The application of the concentrated rays of the sun (solar cautery) in the treatment of the following diseases, to wit: capillary aneurisms, varicose veins, indolent, chancroidal and rodent ulcers, epithelial cancers, birth, India ink and powder marks, bleeding vessels and surfaces, hemorrhoidal and erectile tumors, morbid growths, such as warts, moles, small wens and all diseases of the skin of a parasitic nature.

Many years since I commenced the use of the concentrated sun's rays (using a common sun-glass) in the treatment of diseases of the skin and its appendages. I was led to the use of this treatment by the merest accident. My first experiments were directed to the removal of moles and warts and were crowned with perfect success. I soon realized the necessity of obtaining larger and more perfect lenses, which I obtained in New York City. I then widened the field of operations, working carefully and cautiously, and watching every step of the process that no permanent injury might result from the use of so positive a remedy.

During this time I searched the medical literature of this and the old world for some notice or hint that the concentrated rays of the sun had been utilized in surgical practice, but in vain. Soon after the War of the Rebellion I came across a short article in the London *Lancet* in which the use of the sun's rays as a cautery was noticed. A surgeon whose name I have forgotten succeeded in removing a wine-mark from the face of a

lady and had also succeeded in destroying a malignant growth with the same remedy. The wound had healed readily and up to the time the article was published there had been no symptoms of the disease returning. This renewed my confidence and zeal. I continued the treatment whenever an opportunity presented itself. Success attended a large majority of the cases operated upon.

One drawback to this treatment, especially in the Eastern States, where I resided many years before coming to this coast, is the uncertainty of sunny days. For more than six months of the year sunny days are an exception. I have been compelled to keep patients waiting for more than two weeks for a bright sunny day, as we could not operate in any other. What a contrast to this sunny clime! "Old Sol," with his bright, effulgent face, is ever smiling upon his creatures, imparting life and energy to all animated nature. During a practice of more than a quarter of a century I have found no caustic or cautery to compare with solar heat in its beneficial results. Unlike other caustics it can be applied with perfect safety upon the most delicate tissues and is at all times under the control of the operator. It has other advantages—the system receives this treatment kindly. The irritation and inflammation following its application is surprisingly slight and of short duration. Another point in its favor, the pain subsides immediately upon the removal of the lens. I have burned the skin of nearly the whole of one side of the face at one sitting, destroying the cuticle; within five minutes the burned surface would be free of pain. There is a curative power in the chemical rays of the sun yet unexplained. I avoid blistering, carrying the burning beyond this point, carbonizing the tissue.

In the treatment of morbid or malignant growths, we destroy most fully the morbid products. Upon this depends the success of the operation. The morbid tissue having less vitality than the normal, succumbs to the cautery before the natural structures adjoining are injured. This enables us to attack boldly the malignant or morbid growths without any fear of injury to the healthy tissues surrounding them.

In the primary treatment of chancre, or chancroids, this treatment stands unrivaled. Within the space of two minutes the

infectious chancroid, or the true Huntarian chancre, is deprived of its contagion and changed to a simple ulcer. Hemorrhoidal tumors, when external to the sphincter, are bodily destroyed, and the parts heals without unpleasant symptoms. Indolent ulcers of long standing take on new life after the application of solar heat. In the course of a few days healthy granulations appear, which continue to a favorable termination, especially when the general health is looked after. Granular surfaces, which are inclined to bleed from the slightest touch, are changed to a healthy state. Hemorrhages from small arterial or veinous vessels are checked almost instantly with the solar cautery.

Diseases of the skin of a parasitic nature are treated with marked success. Cases that have withstood the repeated attacks of the usually prescribed remedies, have succumbed to one or more applications of solar heat. I believe that the pustules of small-pox can be aborted, and pitting prevented with this agent. What seems surprisingly strange to me, is the fact that a remedy of so much curative power and value, and one so easily utilized, should have remained unknown to the medical profession so long. From the time I first tested the virtues of solar heat, as a remedial agent, up to the present, I have kept back nothing of value from the profession, have been willing and ready at all times to impart any knowledge acquired, and have urged my professional brethren to use this agent in their practice. I am sorry to confess, however, that the liberality on my part has not at all times been met by a fraternal response. I have been misrepresented and even accused of quackery.

But we must not forget the fact that many of the new discoveries in surgery and therapeutics, on being introduced to the notice of the profession, have been traduced and criticised and their virtues misrepresented by a class of critics found in every department of social life. Even Jenner, whose name stands on the pages of history as a bright, effulgent star, and whose memory will be revered and honored by generations yet unborn, suffered the most positive opposition and criticism before public sentiment gave him credit, and acknowledged the great benefits accruing from vaccination in destroying the predisposition to small-pox.

I will close by noticing a few cases out of many treated successfully by solar cautery:

CASE I.—Mr. M. C., Petaluma, Sonoma County, aged some fifty years, came under my care for treatment of an ulcer of the neck, just below the angle of the lower jaw. It dipped down under the edge of the sterno-cleido-mastoid muscle, immediately over the carotid artery. The ulcer measured one and a half inches in diameter, circular in form, and presented a dark crust superficially, cracked and furrowed. The floor was depressed below the raised margin of the ulcer. The sinuous raised moulding which surrounded the ulcer, was of a cartilaginous hardness of a faint pink color. A part of this rim was being broken up by ulceration, with symptoms of malignancy, bleeding upon the slightest touch. Still in most respects a characteristic rodent ulcer. The history of the case was a remarkable one. Twenty-four years previous to this consultation he was kicked by a young colt, producing the wound upon the neck, since which time he had failed in his efforts to heal the injured surface. I commenced the treatmeut of this case by concentrating the rays of the sun through a large and powerful lens, destroying the raised margin to a level with the healthy skin and also cauterized most thoroughly the floor of the ulcer; the slough came away the fifth day, the wound exhibited to all external appearances a healthy ulcer, granulations soon appeared and healing commenced and continued with few interruptions. When it became necessary I repeated the operation until every vestige of the morbid material was destroyed. The wound healed in a few weeks, leaving a very slight cicatrix.

CASE 2.—Miss B., of this city, aged twenty, consulted me as to the removal of a port-wine colored mark situated upon the entire left side of the chin, commencing at the median line of the lower lip, extending to the angle of the mouth, down to the lower edge of the jaw bone. She came into my office thickly veiled. It required no little coaxing on my part to get her consent to uncover her face, that the mark could be seen. She remarked that "she always wore a veil outside of her immediate family." She readily consented to an operation for the removal of the discoloration, as she had suffered great mortification and mental distress, especially since budding into womanhood. With a powerful lens of a focal diameter of four lines, I cauterized the whole discoloration at one sitting, and applied to the part

a dressing of zinc ointment, as a protection from the air. The burnt crust came off in one week, leaving the skin much lighter in color. Two weeks later I repeated the operation, and then waited the final results of the treatment. Two months from the first operation scarcely a trace of the mark could be noticed. I lost sight of this young lady for some eighteen months, then met her one evening at a small party, at a mutual friend's but did not recognize her. As I was about to leave she accosted me and said in a whisper, "Doctor, have you forgotten your old patient?" After looking her in the face a moment, I answered by asking, "Are you the young lady from whose face I removed a mark?" She replied, "I am," and signaled me not to expose her. I noticed, however, that the treatment had proved a perfect success.

CASE 3.—A lady with a daughter of six years, residents of this city, called at my office to consult me about the daughter, who had upon the left side of the face, two inches below the eye and near the nose, a small tumor, the size of a walnut, on the surface of which was an ulcer, which was subject to frequent bleedings. The commencement of this tumor dated back some three years. Its growth was slow but continuous. The mother informed me that she had consulted some twenty physicians and surgeons, only one of whom advised its removal. The advice generally given was, "Let it alone, don't molest it." Upon examination it proved to be a very fine specimen of epithelial cancer. The consent of the patient was readily given for its removal by the solar cautery. She was brought under the influence of an anesthetic, the cautery was applied and the morbid growth was destroyed in some four minutes. Five days afterward the slough came off, a simple ulcer remaining, which under suitable dressing was healed in a very short time, there remaining a small cicatrix as the only evidence of the previous disease. Eight years have elapsed and there has been no return. I have been happily surprised to find, in nearly all of the operations with the solar cautery, after the healing of the wound, so slight a cicatrix; much less than other modes of treatment, not even the cutting of the knife excepted.

CASE 4.—India-ink mark. Mr. B. and wife called for advice; the latter had upon the outside of the leg below the knee, two

large Roman letters, produced with India ink. I noticed that the husband was more than anxious for their removal. There was a little romance connected with this case, as I learned afterward. The young lady while residing in a seafaring town, had a lover—a sailor boy. After their engagement he took the liberty to print upon her limb the initials of his name. As ever, true love rarely runs smoothly at all times, the lovers became estranged, and the present husband became her Benedict. These large beautiful Roman letters, seen upon the limb of the wife, were a constant reminder that he was not her first love. The solar cautery was brought to bear, however, upon these ghostly letters, as he conceived them, and they were soon obliterated, leaving no trace of their former self.

CASE 5.—Mrs. B., aged some forty years, of Petlauma, Cal., came under my care some nine years ago, for the treatment of a disease of the right breast, mostly confined to the nipple and the tissue surrounding it. The nipple had receded more than an inch into the body of the gland, leaving an aperture the diameter of which was equal to that of my index finger. It was lined with a granular membrane secreting pus. The adjoining structures were hardened and the skin of a dark-red color. The patient informed me that the disease commenced some fifteen years since, with an ulcerated nipple. During these long years of suffering she had been unable to get any permanent relief from the physicians she consulted. I commenced the treatment of this case by placing her in a position to apply the concentrated rays of the sun, directly to the aperture left by the receding nipple, using a lens of a focus of two lines. With this I most thoroughly cauterized and destroyed the granular membrane as well as a small layer of the parts adjoining. The burned material came away within a few days, leaving the surfaces in a satisfactory condition. With treatment to improve the general health and the use of suitable dressings, I was enabled in a few weeks to produce a permanent cure. There has been no return of the disease.

I selected these few cases from a list of many others that were successfully treated with the solar cautery. You will notice that each differs in material points from the others. I did this to show that the concentrated rays of the sun could be utilized in the treatment of a large class of surgical diseases.

UNITED CONFEDERATE VETERANS.

Official Report of Joseph Jones, M.D., LL.D., of New Orleans, La., Surgeon-General of the United Confederate Veterans, embracing the Period extending from April 9th, 1892 to July, 1893.

156 WASHINGTON AVE., NEW ORLEANS, LA., July, 1893.

To Hon. John B. Gordon, General Commanding United Confederate Veterans, Birmingham, Alabama:

GENERAL: I have the honor to submit the following results of my labors in behalf of the United Confederate Veterans during the past year, February, 1892–July, 1893.

The Third Annual Meeting and Reunion of the United Confederate Veterans was held in New Orleans, La., April 8th and 9th, 1892, and my labors up to this date, were submitted to the General Commanding, and form a portion of the Official Report of the Minutes of the Third Annual Meeting and Reunion as reported and published by General George Moorman, Adjutant General and Chief of Staff. At the Third Annual Reunion, no camps of the United Confederate Veterans were represented; and a number of camps have since been organized, bringing up the total to 251.

It is to be hoped that the entire South will at no distant day be covered by the camps of those Confederate veterans who have survived the casualities of the bloody conflict (1861-1865) and the ravages of time.

It is of great importance that each camp should be thoroughly organized and its organization placed in form by publication.

The medical officers should be known by, and at all times be accessible to the individual members of his camp, or soldier's hospital or home. The medical officers of the individual camps and organization, should be known to each other, and to all the veteran soldiers in order that every sick and disabled Confederate Veteran, at home or abroad may at all times, and under all circumstances enjoy the skillful and humane attentions of our learned and benevolent surgeons.

Upon the last analysis, the great objects of their noble association are:

1st. The preservation of the story of our heroic struggle, with its victories, defeats, disasters, privations and sufferings.

2nd. The relief of the sufferings, diseases and wounds of the Confederate Army and Navy.

These grand results can be accomplished by thorough organization and generous co-operation. As we march along the great highway of time our ranks are daily thinned by the darts of death.

Since the formation of this Union of Confederate Veterans, Commander Hunter, General G. T. Beauregard, General E. Kirby Smith, and President Jefferson Davis, our great captain, with a host of brave officers and soldiers have answered the last call.

As the Confederate Veterans lay their white and weary heads on the bosom of the earth that bore them, the hand of no paternal government with its millions of pensions relieves their wants, soothes their death-beds, or marks with the historic marble their resting places.

The privilege of supporting the sick and destitute veterans, and of immortalizing their heroic deeds by the historic bronze and marble, is enjoyed alone by their surviving comrades and confederates.

Much may be accomplished by organized effort, and to the end that order and efficiency may be secured. I have, as Surgeon-General U. C. V., addressed the following Circular No. 3, to the commander of each individual camp.

CILCULAR NO. 3. NEW ORLEANS, April 9th, 1893.

COMMANDING CAMP NO.....

SIR:—

The officer in command of Camp No..... is respectfully requested to fill this Circular No. 3, with the desired data, and return to the office of the Surgeon-General U. C. V.

1. Camp No.....
2. Officer in Command.....
3. Medical Officer.....
   " " Rank in Confederate Army .....
   " " Dates of Commission in Confederate Army.....

Medical Officer, Place of Service .....
" Nature of Service.....
REMARKS:.....
.....

4. Number of Members of Camp No.....
5. Number of Deaths since Organization.....
6. Number of Disabled Confederate Soldiers attached to Camp No. .....
7. Nature of Injuries.....
8. Number of Indigent Confederate Soldiers attached to Camp No. .....
9. Number of Widows of Confederate Soldiers Supported by Camp No.....
10. Amount of Money annually appropriated by Camp No..... to the Support of Confederate Soldiers.....
11. Amount of Money appropriated by Camp No.....to the Support of the Widows of Confederate Soldiers.....
12. Location and Capacity of Soldiers' Home, Supported by Camp No .....

Respectfully your obedient servant,

JOSEPH JONES, M.D., L.L.D.,
Surgeon General U. C. V.

From the replies of the individual camps I have consolidated the following table giving information upon these points.

1. Number of camps.
2. Location of camp.
3. Commander of camp.
4. Medical officer.
5. Rank of medical officer in the Confederate Army.
6. Date of commission of medical officer in Confederate Army.
7. Number of members of camp.
8. Number of deaths since organization of camps.
9. Number of disabled Confederate Veterans.
10. Number of disabled and indigent Confederate Veterans supported by the camp.
11. Number of indigent widows of Confederate Soldiers supported by camp.
12. Location and capacity of soldier's home supported by camp.

Circular No. 3, with the necessary carefully directed envelopes, for their return to the Surgeon-General's office in New

Orleans were directed to 251 camps (registered) of United Confederate Veterans.

On the 8th of April, 1892, and subsequently and in many cases a second circular was sent to these camps from which no reply has been received.

Up to the 10th of June, 1893, only 100 camps had replied and returned circular No. 3, duly filled with the required data.

These 100 camps represented a little less than 10,000, or more accurately 9,882 Confederate Veterans.

Each camp contains on an average of about 100, or more accurately 98 Confederate Veterans. If each of the 251 camps now registered, contains on an average of 100 veterans; then the total strength of the United Confederate Veterans would be 24,000. We have reason to believe that a much larger army of surviving Confederates is to be found in the States North and South.

The reports of 100 camps show only 270 disabled Confederate soldiers or less than 3 per cent. of the total number attached to these camps.

During the period which has elapsed since the formation of these camps, the number of deaths reported was 471, or less than 5 per cent. of the total number.

The disabled and indigent soldiers as well as the indigent widows of the Confederate Soldiers, supported by the individual camps amount to an insignificant number.

These certificates are interesting as indicating the independence and substantial thrift and prosperity of the Confederate Veterans throughout the South.

They have clear consciences, and are able to maintain their wives and children, and pay the enormous taxes, imposed by the pensions of the conquerors, and at the same time to do fitting reverence to their distinguished dead, and to erect noble monuments to their beloved chieftains. We note an absence of a proper number of medical officers in many of the camps and urge their immediate election or appointment by the individual camps.

We would suggest the election by each camp of one surgeon, with the rank of major, and two assistant surgeons with the rank respectively of captain.

The officers thus elected by the individul camp should hold office through life, or as long as they may be willing to yield their gracious and gratuitous services to the sick, disabled and destitute Confederate Veterans, subject to removal only for due cause. The surgeons and assistant surgeons elected, chosen or appointed by the individual camps should be duly commissioned by the commanding general, and should constitute the permanent standing medical corps of the United Confederate Veterans.

Each camp should preserve a hospital register of all the sick and wounded treated, giving full particulars of all wounds or injuries, however, or wherever, or whenever received, and with the detailed statements of the Confederate Veterans of the circumstances of the battles or skirmishes in which said wounds were received.

Each surgeon in charge of a camp or soldier's home, should prepare and forward an annual report relating to the sick and disabled veterans to the surgeon general.

The consolidated report of the labors of the medical corps thus constituted should be submitted by the surgeon general in his annual report to the United Confederate Veterans.

We also urge upon the United Confederate Veterans assembled, the necessity of conferring upon the surgeon general the power to effect a thorough and permanent organization of the medical department by approving and confirming his effort in behalf of the U. C. V. and by conferring upon him the power of appointing one or more medical officers, medical directors, and medical inspectors with the rank of colonel and lieutenant colonel in each of the southern states namely: Alabama, Arkansas, Florida, Georgia, Indian Territory, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, South Carolina, Tennessee, Texas and Virginia.

The surgeon general should be clothed with power to fill vacancies on his staff, and to apportion to each staff officer such inspection and medical duties, as he may deem best for the relief of the sufferings and the advancement of the hygienic and sanitary interests of the Confederate Veterans.

Each camp or soldier's home should preserve:

1. Roster of its officers and members giving name, nature

and place of service; date of commission in the Confederate Army or Navy, nature of wounds and date and circumstance of reception.

2. Hospital register containing names and description of sick and injured, results of all post-mortem examinations, and a record of all deaths and their causes.

The discharge of difficult responsible and benevolent duties appertaining to honorary positions without pay, must rest upon the patriotic interest of the officer whose highest reward must be sought in the approval of his comrades, and the satisfaction in being used for the relief of human suffering. Permanency appears to be the essential to the success of labors relating to wants and sufferings of men, and the gathering and the preservation of important statistics, illustrating the extent and nature of the sufferings and losses by battle and disease of the Confederate Soldiers.

With Great Respect and High Esteem,

I have the honor General to remain,

Your Obedient Servant,

JOSEPH JONES, M.D., L.LD.,

Surgeon General United Confederate Veterans.

Selections.

THE USE OF IODOFORM IN LOCAL TUBERCULOUS AFFECTIONS.—Although iodoform has been extensively employed in local tuberculosis, and very favorably reported upon by European writers generally, particularly by Continental surgeons, it has been used here, but to very limited extent. With the exception of the work done by Senn, the subject has received almost no attention in this country. The frequency of tuberculous affections, and the satisfactory results of the iodoform treatment, certainly warrant a fuller trial of the remedy at the hands of American surgeons.

Much has been written upon the manner in which iodoform acts upon tuberculous tissue, but the question still remains *sub*

judice. König believes the beneficial effects to be due to the formation and rapid contraction of connective tissue at the seat of injection. Mosetig, von Moorhof, von Bünger and others attribute to iodoform a true antituberculous effect. De Reyter thinks it has a marked antiseptic effect when it comes in contact with the tissue fluids at the temperature of the body. On the other hand, Ch. Heyn and Rokild Krosing deny any such action.

Although the treatment has been somewhat empirical, the practical results are not the less important. Krause reports a cure in 50 per cent. of the cases of cold abscess treated by iodoform injection. In a large experience in Trendelenburg's hands, 68 per cent. of all cases are said to have been favorably influenced by this treatment. De Vos reports that 72 per cent. of the cases of joint tuberculosis treated by this method at the clinic and polyclinic at Leyden were entirely cured. Brodnitz has given his experience in the use of iodoform. Eighty-seven cases are referred to, a large portion of which were cured, while still others were much benefitted. Billroth says the results obtained by this treatment "far exceeded his expectations." Bruns reports one hundred cases of cold abscess, subjected to the iodoform treatment, with eighty cures. It is needless to multiply examples. Those already given indicate the position iodoform has taken in the treatment of this frequent and troublesome class of cases.

The use of the ethereal solution of iodoform, first recommended by Verneuil and extensively employed for a time, has been largely abandoned on account of its irritating nature and the liability to iodoform intoxication. The combinations of iodoform with glycerine and with olive oil are both largely used at the present time, and both seem satisfactory to those employing them. If there is any choice, it perhaps lies with the glycerine mixture. The manner of their preparation and use is identical. As usually prepared, the mixture contains 10 per cent. of iodoform, and this strength seems to meet all requirements.

The proper sterilization of the mixture is a most important matter, as the iodoform does not insure against the presence of microörganisms. To secure this end, the iodoform, in very fine powder—that obtained by electrolysis is best—should be repeat-

edly washed in bichloride of mercury solution, 1:1000, before use, and the vehicle, whether glycerine or olive oil, should be boiled, care being taken subsequently to prevent contamination of the finished product. These precautions are necessary in order to avoid a "mixed infection," which will surely lead to suppuration, if it has not already occurred.

This treatment has a wide range of application—tuberculous glands, abscesses and sinuses, tuberculosis of bones, joints, etc. In the treatment of tuberculous glands, if softening has not occurred, a few minims of one of the preparations described may be injected with a Pravaz syringe into and around the affected glands. Abscesses may be evacuated by a trocar and the mixture injected, or, as advised by Billroth, incised, emptied, curetted, and the mixture introduced, followed by primary suture. Bone and joint tuberculosis are to be treated by bringing the remedy directly in contact with the diseased tissues.

We do not expect this method will do away to any great extent with the necessity for operating in this class of troubles, but it does seem to promise a most valuable adjunct to such operative measures as may seem indicated. Brodnitz asserts that the results following the operative treatment of tuberculous bones and joints have considerably improved since the introduction of the use of iodoform.

Such lesions as can be totally extirpated may be much more quickly and radically dealt with by the knife, but where such removal is wholly, or in part, impossible, the iodoform treatment should be employed, either alone or in conjunction with such surgical measures as are indicated.—*Editorial in Univ. Med. Mag.*

DIFFERENTIAL DIAGNOSIS OF FOLLICULAR TONSILLITIS AND DIPHTHERIA.—Dr. Geo. M. Lefferts (*Medical and Surgical Reporter*) says:

1. Remember that the membrane of diphtheria does not remain confined to the tonsils, but that it spreads to the uvula, soft palate, and perhaps to the post-pharyngeal wall; in other words, it may leave the tonsil. The pseudo-membrane of follicular tonsillitis never does this.

2. The membrane of diphtheria is so closely adherent to the

underlying parts that you cannot lift it up from the mucous membrane without rupturing the capillary vessels, causing a slight bleeding. The pseudo-membrane of follicular tonsillitis is easily raised from the underlying mucous membrane with a probe; it leaves no abraded surface beneath it, and very often you can draw out with the pseudo-membrane the contents of the follicle, the mouth of which it covers.

3. The diphtheritic membrane is always thick. In follicular tonsillitis the membrane is thin and delicate.

4. The membrane of diphtheria is always of a dirty, yellowish color; the pseudo-membrane of follicular tonsillitis is pure white or of a pearl-gray, and is clean and bright. The membrane of diphtheria after twenty-four or forty-eight hours becomes necrotic and takes on a dirty, blackish-gray color—in short, it looks what it is, a necrotic, dead, or dying membrane. The pseudo-membrane of follicular tonsillitis, on the other hand, always remains whitish, pearl-white or gray, and never becomes blackish or necrotic.

5. The tonsillar portion underlying the diphtheritic membrane is of a deep red or bluish-red color. The underlying tissue in a case of follicular tonsillitis is bright red, never of a very dark, angry color.

These points, I am sure, will assist you, as they have often assisted me, in making the differential diagnosis between diphtheria and the pseudo-membrane of acute follicular tonsillitis. Of course, we can go further, and with the microscope determine the presence or absence of the Lœffler bacillus, but I have given you the practical bedside tests which will usually enable you to answer definitely and quickly regarding the true nature of the membrane.

Now let me say a word about the contagiousness of follicular tonsillitis. Here I must deal largely with the individual belief. I believe to-day, as a result of my own experience, that follicular tonsillitis is mildly contagious; that it is not safe to put others in the way of direct contagion; and my advice to you is that it is best to isolate the patient, and particularly to keep children from being around those suffering from this disease. You should also banish from the sick-room adults having hyperthrophied tonsils or suffering from any condition which predisposes to such a contagion.—*American Lancet.*

TRUSS FOR AN INFANT.—Dr. E. L. Strode, of Swan Pond, West Virginia, communicates the following to *The Med. World*, for August, 1893: The following case is reported, hoping the suggestion may be of practical use to some other young physician as it was to me.

Early in January Mr. M. requested me to see his baby, a boy, aged five months.

The little fellow was quite emaciated. Upon examination I found an umbiblical hernia as large as an egg, also inguinal hernia upon both sides, quite large, in fact, it appeared that the three hernias contained the greater part of the baby's intestines. Reduction was not difficult. On the umbilicus I placed adhesive plaster, and we (parents and myself) concluded that so long as no trouble came from the inguinal hernias we would wait until the umbiblical was healed. The surgical plaster would retain the hernia for a day or two and then would give way some where, no matter how carefully it was applied. After several trials this was abandoned, and an elastic bandage substituted. This bandage answered admirably. The conical button was removed from it before being applied, and over the abdominal opening a pledget of cotton was placed, over the cotton a coin, this the bandage held in place until the opening closed. The inguinal hernias in one so young was a puzzle to me, and it may still have remained a puzzle if the following from Dr. Handley, Tennessee, had not attracted my notice. I quote him from *The Southern Practitioner:*

"For infants I most heartily endorse the 'hand or woollen truss, first suggested by William Coates. * * * It is made of woollen threads, thirty or forty in number, wound into a sufficient length to pass around the body, loop over the inguinal canal and descend beneath the perineum to be tied to the first horizontal band. By looping or tying the band over the abdominal ring, firm pressure is afforded the entire canal, and is in every respect comfortable to the child." He proceeds to give the advantages of this truss, but I will quote him no further; the article is in the February number of the journal mentioned and will repay perusal.

I applied it and my patient is as water-tight as youngster any of his age.

MEDICAL COOKERY.—The writer quite agrees with Prof. Keen, the eminent Philadelphia anatomist and surgeon, who asserts that every physician should have as perfect knowledge of the kitchen and the proper methods of food preparation as of drug-stores and the methods of compounding medicinal agents. Of the two, the knowledge of dietetics and cookery, would, in the writer's opinion, be found much more valuable than the knowledge of drugs. Both kinds of information are important, but a thorough knowledge of food stuffs and their relation to the needs of the body, must be of inestimably greater value to the physician, than the information gained by the most thorough study of pharmacy and materia medica. Physicians frequently prescribe iron for anæmic conditions without considering that blood cannot be made of iron, but must be made, if at all, from the food. Strychnia is almost universally administered as a remedy for weak nerves, the fact that nerves cannot be made of strychnia being ignored. Weak nerves can be improved by proper nourishment only. In proper nourishment lies the only remedy obtainable for nearly all chronic maladies. Hence the importance that the physician should be thoroughly posted on the subject of materia alimentaria. If a good cooking-school and experimental kitchen could be connected with every medical college and every student be required to take a thorough course of instruction both in practical and theoretical cookery, and dietetics a revolution in the methods of treating disease would quickly follow.—*J. K. H. in Modern Med. and Bacteriological Jour.*

ULCER OF THE STOMACH.—In a paper on this subject recently read in Philadelphia, L. Wolff, M.D., says in regard to treatment: The primary indication is physiologic rest. This is obtained by absolute rest in bed, and by the adoption of a system of rectal alimentation, withholding all food by the mouth. The colon should be well cleansed and emptied by a large clysma of tepid water before resorting to alimentary enemata. The alimentary injection should be introduced through a flexible rectal tube beyond the sigmoid flexure. All food should be predigested. The author gives two ounces of glucose with one ounce

of prepared peptone powder in about four ounces of peptonized milk, together with half a grain of cocaine, about three or four times a day. Treated in this way patients thrive and even gain weight.

Milk in large quantities is objectionable on account of the formation of large coagula. Partially peptonized milk, or buttermilk, is preferable. This may be varied by mutton broths containing one or two raw beaten eggs. As pain after ingestion diminishes or disappears, cream toast (well soaked), finely scraped meat, rice in milk, custards, or very soft-boiled eggs may be given. The diet may be gradually increased to stewed fowl, mashed potatoes, succulent vegetables, and progressively to ordinary light and full diet. Carbonated waters, champagnes, koumyss, are generally not well borne and are contra-indicated.

Medicinal treatment demands alkalies, evacuants, correctives, and measures adapted to meet the complications. Carlsbad salts, in broken doses, in hot water given while the patient is fasting, are advised. Sodium bicarbonate fifteen to thirty grains half an hour to an hour after the ingestion of food is given to neutralize the acid secretions. Nausea and vomiting are controlled by a pill containing extract of belladonna gr. $\frac{1}{8}$ and silver nitrate gr. $\frac{1}{2}$. Pain may be met by a pill containing morphine sulphate gr. $\frac{1}{8}$; cocaine hydrochlorate gr. $\frac{1}{4}$; extract of cannabis indica gr. $\frac{1}{2}$ given every three or four hours, after the ingestion of food. For hemorrhage gallic acid and ergot may be administered; small doses of Monsell's solution may be given. In alarming hemorrhage subcutaneous infusion of a solution of sodium chloride may be practised.—*Med. News.*

TREATMENT OF ALOPECIA AREATA.—The treatment consists in rubbing the patches of alopecia areata with a pledget of cotton, twisted upon a wooden toothpick, dipped in a 95 per cent. solution of carbolic acid. This is freely rubbed into each patch and slowly into the tissue around, never however exceeding the extent of two square inches of surface at once. While, as we know, carbolic acid may produce a considerable amount of eschar when applied to other portions of the body, it is remarkable that when the same is made to patches of alopecia areata

upon the scalp, there is really very little reactive effect; among hundreds of applications which I have made, I have never yet had a disagreeable result, never more than a slight formation of a very superficial crusting, which disappeared without leaving any scar or doing any damage to the texture of the skin. In most instances, however, there is nothing more than a superficial scaling produced, which passes off, leaving the surface reddened, at the end of a week. In some cases in which I made special experiments with this remedy alone, portions of the scalp were painted in the shape of rectangular figures, and upon them the hair grew most luxuriantly in striking contrast to the surrounding bare parts. I do not put forward this remedy as the only one to use in this disease, for I am not only an unbeliever in its parasitic origin, but also a firm believer in its nervous origin; in conjunction with the local treatment referred to I would most earnestly recommend the internal administration of strychnia and phosphoric acid in full doses, and the use of all dietary measures which may both improve the general health, and nourish the nervous system, such as fats, phosphorus, etc.—*L. D. Bulkley, M.D., in Jour. Am. Med. Association.*

A Secretary of Public Health.—In the meeting of the Pan-American Congress there will be a good opportunity to say to the National Congress that the concensus of opinion of the medical profession of America is that this nation should have in its Presidential Cabinet a Public Officer of Health. This sentiment has been asserted by the American Medical Association and by nearly every State medical society. With such an officer in the Government councils, confidence will be given that the sanitary laws will be enforced intelligently. It is not the prerogative of either the Secretary of the Treasury, who is the credit man of the Nation, or of the Attorney General, who is the Nation's legal adviser, to investigate the cause and propagation of disease.

The disaster that overwhelmed Hamburg last year, and devastates Marseilles and Naples at this time, illustrates a condition that is possible in New York, Chicago or Cincinnati. The financial paralysis that is benumbing the nerves of commerce is

bad enough, and brings misery and want to many a household, but that is a minor condition in comparison with the weeping, wailing and want that accompanies a deadily epidemic disease.

Will Congress give the Nation a Public Officer of Health Great and costly battle-ships are being built in this time of profound peace in order to be immediately ready in case of war. Let the Government not wait until a city is isolated from the rest of the world because of a pestilence that is prevailing among the people before action is taken in this direction. The people should have the strongest sanitary warrior in the President's Cabinet.—*Cincinnati Lancet-Clinic.*

Blood Changes in Syphilis.—Neumann and Konried (*Wiener klinische Wochenschrift*) have made a study of the blood in all stages of sypillis with the following results:

1. The hemoglobin is diminished in the primary stage from 15 to 30 per cent. It remains diminished during the first part of the eruption and in early treatment, but as the mercurials are pushed it rapidly regains its normal percentage.

2. Older contracted cases of secondary syphilis have only from 45 to 75 per cent. of hemoglobin. The anti-syphilitic treatment in these cases increases the hemoglobin, but does not raise it to the normal.

3. The late forms of tertiary syphilis are characterized by a low hemoglobin percentage, which improves under mercury.

4, 5, 6. The red-blood corpuscles are not diminished in the primary affection, but when constitutional symptoms appear they are reduced one-third. Anti-syphilitic treatment brings them back to the normal. Non-treated secondary forms have about one-third the normal amount, which become normal under treatment. In the tertiary stage there is some diminution. The number becomes restored by treatment.

7. The number of white corpuscles are diminished in proportion to the diminution of the red corpuscles.—*University Med. Magazine.*

Poisoning with Turpentine.—Carveth (*Canadian Practitioner*) has reported the case of a woman who at bedtime, took about half an ounce of old spirit of turpentine mixed with an

ounce of whiskey, in mistake for castor oil. The mistake was only noticed after the turpentine had been swallowed, but nothing was done at the time except to take a dose of castor oil. The patient shortly afterward fell asleep, but was awakened in the course of five hours with sickness of stomach. A little later she vomited, and after the lapse of several hours more she had a convulsion, followed by loss of consciousness. The pulse was weak, feeble, rapid; the face and lips pale; the patient restless, at times delirious and talking incoherently, but capable of being partly roused. Urine had beeen passed in generous quantity. Whiskey, spirit of nitrous ether, milk, and sweet oil were given, and warmth was applied to the body. Vomiting was induced by irritating the fauces. The vomited matters had a strong odor of turpentine ten hours after the fluid had been taken. After free vomiting, consciousness was regained and complaint was made of a burning pain in the right leg. Examination disclosed the presence upon the posterior aspect of the knee of a blister 5 by 12 inches in extent, the contents of which were watery and emitted an odor of turpentine. Gangrene of the superficial parts took place in this area, and fifteen weeks elapsed before the resulting ulcer healed.—*Med. Review.*

POINTS TO BE REMEMBERED IN ADMINISTERING AN ANÆSTHETIC.—Remember the patient is to be "anæsthetized," not asphyxiated.

Remove false teeth, if present, and relax all constricting bands about neck and waist.

Instruct your patient how to breathe, and by a few words of assurance secure his confidence.

Too concentrated a dose of chloroform may paralyze the heart at the very first or second breath.

Too concentrated a dose of ether causes strangulation, troublesome secretion of bronchial mucus, and occasionally pneumonia.

Have the self-assurance of knowing your business, and do not be disconcerted by outside suggestions.

Give your patient reasonable time to rally from depression, before resorting to hypodermatic stimulation. Remember that nervous haste is a waste of time; anæsthetizing the patient is as

much entitled to its due time as the performance of the operation. Do not be flurried by any impatience of the operator.

Intelligent, successful anæsthetization is as worthy of just pride as the brilliant operation. Chances and circumstances have put you in charge of the ether end of the knife.

Study to make each case more successful in every way than the previous one.—*Am. Med.-Surg. Bulletin.*

How Tubercular Peritonitis is Cured by Coeliotomy?—Bumn *Centralb. für Gynäkologie*) analyzed a case of tubercular peritonitis where, after opening the peritoneum and draining off the ascitic fluid, the patient did well.

He believes that the operation sets up changes in which the tuberculous deposits undergo a round-cell infilteration and cicatricial change. The giant cells and epitheloid elements disappear. The serous fluid greatly promotes the growth of the tubercle bacillus, and its removal is, therefore, also beneficial.—*University Med. Magazine.*

Succinate of Iron in Jaundice.—Dr. J. D. Wilson, of London, Ont., writes: I have just succeeded in relieving a case of obstructive jaundice, due to impaction of gall-stones, with succinate of iron (P. D. & Co.'s). The patient took one teaspoonful three times a day for ten days. At the end of that time the bladder was empty. Prior to this I tried all the usual remedies for seven months without avail, and had concluded that an operation was the only chance of relief. I am now treating my second case of obstruction with succinate of iron, and feel quite hopeful to have the same result.—*Med. Age.*

Sander & Sons' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports of cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

THE CAUSE OF DEATH AFTER EXTENSIVE BURNS.—Dr. J. Kijanitzin maintains that, after extensive burns, there is found in the blood, organs, and urine, a ptomaine which is not present in the healthy organism. Toxicological investigations with this ptomaine on animals show it to produce paralysis of the extremities of the heart. Atropine is antidotal to this ptomaine. The writer parenthetically refers to the observations of Hutchinson and Lustgarten regarding the beneficial action of belladonna and atrophine in burns. The following symptoms after burns are attributted alone to the development of a ptomaine—viz: fall of temperature, weak action of the heart, slow and superficial respiration, diarrhœa, vomiting, somnolence, and apathy. The ptomaine is developed from the blood and tissues which have been altered by exposuse to the high temperature. It is furthermore contended that the cause of death after burns is due to a ptomaine, which, according to its physiological action (particularly of the heart), belongs to the same group as muscarin, neurin and peptotoxin.—*Virchow's Archiv.*

THE VALUE OF QUININE IN MALARIAL HÆMATURIA.—Prof. H. A. Hare, in a very scholarly paper, concludes that in the milder forms of the disease quinine should not be employed during the hematuria, nor in those cases in which idiosyncrasies exist. In cases which are malignant in their manifestations in other lines than the mere hæmaturia, and depend upon a malarial dyscrasia, then quinine is needed; but in the hæmaturia following prolonged subacute or chronic malarial poisoning, it is not to be given in full doses, but as a tonic, the physician relying upon a change of climate, nutritive foods, tonics, and other drugs to renovate the patient's tissues.—*Ther. Gazette, Amer. Jour. Med. Sciences.*

Eucalypti Extract (Eucalyptol).—Apply to
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wald. Meyer Bros.' Drug Co., St. Louis
Mo., Dallas, Texas, and New York, sole

Editorial.

THE DUTY OF THE HOUR.

Hard times are indeed upon us, yet not so hard as they might be. Nothing gets so bad but that it might be worse. We are confronted at this time with two problems of a serious character, and it goes without saying that the conditions here in the Capital City of Tennessee are more or less identical with those at least in the localities reached by this publication. On the one hand we have two serious epidemic diseases threatening our entire seaboard. What, with the grim monster from the Gangetic Jungles knocking at the doors of entrance of our great northern seaports, and Bronze John at the South, each having at least a "toe-hold" and vigorously struggling with our sanitarians for a firm foot-hold, if not a complete invasion, a serious question indeed is presented. Both are communicable, both are portable, and both are preventible. The solution of this problem is in the hands of our medical men, our sanitarians and the executives of our Municipal, State and General Governments.

On the other hand, our Doctors of Finance are struggling with the question of the scarcity of money, depression of trade, closing of manufactories and workshops, and bank suspensions. In this city, as elsewhere, a large number of operatives, and, unfortunately, a large number of whom are those whose sole dependence for meat, bread and shelter are their weekly wage, are turned out of employment, and are now or soon will be in want of the dire necessities of life. The culmination of these two evils will be sad; aye, sad, indeed, even to contemplate, let alone to realize. It is a well-known fact that both our foreign foes, now so threateningly near, reap a rich harvest among those who are in want, even in times of general prosperity.

Time and again have the pages of this journal urged the importance, the necessity, the inestimable value of thorough sanitation of our dwellings, our villages, our towns and our cities. It is well-known that two factors are essential in the development

of the two diseases that now essay to confront us on every hand—a specific germ and a suitable soil. It is in the hands of our national sanitary officials, aided by the efforts of the local authorities at our seaports, to prevent the advent of the first; and it devolves upon us as individuals, aided by our municipal authorities and executives, to so sterilize the soil, the locality and environments of every dwelling, village, town and city that the coming of the one—should it evade the vigilance of those on the seaport—shall be as harmless as a ray of sunshine or a glittering drop of morning dew.

That thorough sanitation will repay the labor and money expended many hundred fold has been time and again most amply demonstrated is a settled fact, and never more thoroughly and satisfactorily so than in this city during the last twelve months. One year ago cholera did essay to enter the United States, and it did secure a temporary foothold at the great metropolis of America. The result was that such a thorough sanitary scrubbing was given this good City of Nashville that it was made as clean as a new pin. Its alleys, back yards, thoroughfares, dwellings, its highways and its by-ways had not received such judicious treatment in years. Well, cholera did not get here, thanks to sanitary measures adopted by National, State and Local Authorities at the great port of entry. But, were our local efforts futile, unnecessary and useless? By no means. The past twelve months have shown a greater degree of general good health than has been known in this city for years. Its mortality reports have been most creditable indeed. In fact, in some months, lower than ever in its history. Its doctors and its undertakers have had less business than at any time in its previous history. It has become almost, what it should ever be, one of the healthiest cities in America. It has been universal comment with its medical men all through the spring and summer months, when meeting each other on the streets, in the rounds of their professional duties, in their weekly meetings at the Academy of Medicine, that "business is very dull," "I am doing almost nothing," "It is distressingly healthy," etc., etc.

Having known this city intimately for a full half century, I think I can speak somewhat authoritatively, and do most unhesitatingly say that the year 1893 has been the healthiest known in

that time, taking into consideration the climatic conditions and its proportionate number of inhabitants. This can unquestionably be attributed to the "spurt" of sanitation of last year, under the threatening impulse that is now again at hand.

While the Doctors of Finance are settling those questions that do not pertain to the scope of this journal, let us see that physical suffering shall not be added to financial distress. An important factor in the solution of the problems that must not be lost sight of is, that while the times are somewhat out of joint as regards the circulating medium of the country, that while money as money is certainly scarce and hard to get, Dame Nature has been most propitious. Our farms have been most productive, and as the good year '93 has made its progress day by day, week by week, and month by month, the crops that have successively come to maturity have been good. The grain crops have been garnered, the hay crop is pretty well secured; and corn, the great staple food for man and beast in this portion of the land, is well assured. There is no danger of famine adding its horrors as it has done in other less-favored countries in the past.

Another factor at the hands of the Doctors or Medicine and the Doctors of Finance is the illimitable, the incalculable resources of our people. If we have not ready money we have prospective resources that can be realized as sure as the morrow's sun will shine; resources so vast, so valuable, that "hard times" can but be as temporary as an April shower. There are many in the land to-day who can look back with vivid recollection to a little less than three short decades ago, when one section of our country was well-nigh exhausted in its eventful struggle with the other; and that other was devasted, desolated and laid waste. Many of its able-bodied citizens lying in distant and unknown graves, its railroads destroyed, its commerce abolished, its cattle, hogs, mules and horses used up, its garners empty, nearly every one of its citizens without one dollar in hand and no credit any where; if ever a people were flat on their backs they were. Yet it required but a few years to roll by when with the smiles of peace were blended those of prosperity and plenty. Our paper currency became so plentiful that the Doctors of Finance essayed the somewhat risky measure of resuming specie payments. In the struggle, in this financial revolution, came the tightening

of the money market, and the banks and financial institutions began to tremble, to crumble, and some even, to crash; and to these worries were added the cholera visitation of '73. Yet we passed safely through it, and while there were many additions to our cemeteries, it had soon passed over and was a thing of the past. To-day, while passing through another financial revolution in regard to metallic currency, whether of gold or silver, we are better prepared, better informed and in far better shape; and, while at this writing, there are in this, as in many other cities throughout the land, large numbers of our workingmen unemployed; many of our manufactories, our workshops and industrial establishments closed, and the clink of the hammer, the whir of wheels and the hum of the spindle is silent, the approachof two distinct epidemics now so near, there is an important, a most imperative, work to be done.

Let the municipal authorities get a move on themselves. Let them use every available dollar and draw on the inexhaustible resources of the future, and employ every idle workman in the work of sanitation. Let them make use of the extraordinary appropriation, as last year, and put every available man to work, thus affording occupation to the unimployed and preventing the loss of life from, not only epidemic invasion, but from other diseases that batten and thrive on man's carelessness, indifference and neglect. The extra five thousand dollars expended last year on the impulse developed by the importation of cholera to New York City, was one of the most judicious and renumerative ever made in this city's history. The time is most opportune now from two most important standpoints for even more energetic measures. It is far better for man to earn his bread than to beg it. All honorable men so prefer. If the municipality is handicapped by constitutional restrictions, let its wealthier citizens come to the rescue and advance the necessary means

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itizens organize themselves into a general san-
a ward or district sub-committees, raise funds

by contributions or otherwise and give employment to as many of our unemployed workingmen as possible in the grand work of local prevention of disease and death. Far better this than to raise funds for distribution as charity. There is and will be ample room for the widest expansion of all charitable hearts, yet by the measures suggested you give work by which to earn bread and thus benefit yourselves, and the bread so earned will be far more nutritious than that doled out by the hand of charity. Then let us help ourselves and help each other.

We all need help. This is a measure of relief that will benefit the greater number, and furthermore, in this time of financial stress, labor will be cheaper than before. Many a man will gladly work now for half a dollar who would refuse one dollar in more prosperous times. It is only for a short time that it will be needed. Surely it cannot be long, many days cannot elapse before the inevitable reaction that has always followed financial distress will come. Let it find us then with the arms of our workmen still inured to honest toil and not weakened by idleness; with our cities, towns and villages clean and healthy, and our numbers undiminished by epidemic disease, and each and every one in prime condition to ride happily on the top of the wave of advancing prosperity. The good city of Nashville, could and should in ten or twenty days be put in such a condition of cleanliness that its doors could safely be thrown wide open to our brothers and sisters of the South who may have to flee from Yellow Jack. And while we should be chary of inviting those who may have been infected by the Asiatic scourge, yet, should they come, they perchance will do us but little harm. Let us put our streets, our alleys, our dwellings and our entire environment in such a condition that we may defy epidemic visitation.

This is a critical period with us. Our schools, colleges and universities, which are justly our pride, add many a dollar to the coffers of our citizens. They have ever been prosperous and successful, and should ever be. Their distant patrons seeing us judiciously at work will continue their support. Let us show them that we deserve it. Nashville enjoys a peculiar and enviable position in the Southern sisterhood of cities. It should ever lead the van in all that pertains to progress and the highest de-

velopment of prosperity and happiness. Before its authorities and its citizens lies an important duty. Shall we discharge our duty like men?

In this article we have offered only a suggestion—yet it is one that is both feasible and practical, not only for us here in the grand capital of the State of Tennessee, but for every hamlet, village, town and city in the land.

PROPOSED ORGANIZATION OF MEDICAL JOURNAL PUBLISHERS.

Nothing is so important as thorough organization, and a very important interest in this country has long been sadly needing it. The medical journals, weekly, bi-monthly, monthly and quarterly constitute an important factor in the body medical, whose interests are peculiar and pertinent only to themselves. We are gratified indeed to see that the movement is on foot to effect an organization that we hope will be thorough and effective.

The American Medical Editors' Association has its proper and fitting duties to perform, but in many instances the editor and the publisher are quite separate and distinct entities, and their interests may not be identical. At any rate, we have yet to see that interest taken in the publishing department that is so eminently essential, by the Editors' Association, and sincerely hope that a thorough and efficient organization may be effected to handle and manage questions that the editor will not interest himself in or lacks authority to control. We take pleasure in giving place to the following from the *St. Louis Medical Review*, which we heartily endorse, and hope be represented at the meeting, by proxy, if not in person:

"It gives us pleasure to be informed that there is to be organized a Medical Publishers' Association in Washington during the meeting of the Pan-American Medical Congress, which convenes on September 5.

Such an organization, if properly formed, will not only be a protection and benefit to publishers of medical journals, but to the advertisers as well. Whilst the publishers of many of the medical journals are also editors and probably belong to the Association of editors which meets simultaneously with the Am-

erican Medical Association, they certainly must recognize that there are matters pertaining to the business and financial interests of the Journals that do not come within the purview of the Editors' Association. We understand the object of the Publishers' Association shall be for the better protection of legitimate advertisers and the publishers and is not in any way to take the place of or interfere with the work of the Editors' Association. Such being the case the organization of the Publishers' Association should meet with their hearty coöperation, and we trust that editors will take note of this proposed movement. Should they themselves not be publishers of the journal they edit, we hope they will advise their publishers of the meeting to be held in Washington September 5, urging them to be present, and give their coöperation to such an organization as shall be for their mutual protection."

MEDICAL DEPARTMENT OF THE UNIVERSITY OF TENNESSEE: THE NASHVILLE MEDICAL COLLEGE will open its doors as usual, on Monday, 4th inst. Already one hundred and thirty-one young gentlemen have matriculated—a much larger number than at any preceding time in its most remarkably successful history. Having established on a broad and liberal foundation an institution for medical teaching, second to none in the entire South, and as efficient as any in this entire country, in starting out successfully on their medical career the young gentlemen who have so satisfactorily enjoyed its many advantages, its corps of teachers may well be proud of their past record and anticipate with unquestionable certainty of realization their future success. The session of 1893-4 begins most remarkably well.

PROF. WM. GOODELL, M.D., because of increased demands upon his time in private practice, has resigned his position of Professor of Gynecology in the Medical Department University of Pensylvania. At a meeting of the Trustees his resignation was "accepted with regret," and he was elected Honorary Professor of Gynecology, with the right of lecturing. Dr. Charles B. Penrose was elected Professor of Gynecology. An honorable retirement and a worthy successor.

PAN-AMERICAN MEDICAL CONGRESS.

The Transportation Committee of the Pan-American Medical Congress, which meets in Washington, D. C., on September 5th, to 8th, 1893, makes the following announcement in regard to reduced rates for delegates and members of their families from all sections of the United States, also from the Pacific Coast, Ports of Mexico and Central America.

Delegates from the territory of the Trunk Line Association East of Pittsburg and Erie and Buffalo, will be accorded one and one-third fare for the round trip on the certificate plan:

The lines combined in this territory are as follows: Grand Trunk Ry., N. Y. C. & H. R. Rd., West Shore Rd., D. L. & W. Rd., N. Y. O. & W. Ry., Pennsylvania Ry., Cent. Rd. of N. J., Ches. & Ohio Ry., Lehigh Valley Rd., N. Y. L. E. & W. Rd., Balto. & O. Rd., Phil. & Read. Rd.

Delegates from points in the New England States in the territory of the New York and Boston Lines Passenger Associations, will be accorded one and one-third fare on the certificate plan.

Delegates from points in Central Traffic Association, embracing the territory from Buffalo, Pittsburg and Parkersburg, W. Va., in the East to Chicago and St. Louis on the West will be accorded one fare and one-third on the certificate plan.

Delegates from points in Southern Passenger Association, embracing the territory South of the Ohio River and Potomac River and East of the Mississippi River will be granted one and one-third fare on certificate plan.

Delegates from points West of the territory of the Central Traffic Association can avail themselves of the World's Fair excursion tickets as far as Chicago and secure from Chicago the fare and a third on the certificate plan to Washington.

Delegates from South America, Pacific Coast, points of Mexico or Central America, can secure from point of starting round trip tickets to Chicago at the World's Fair rate either by way of San Francisco or New York. The latter can secure from New York the fare and a third on the certificate plan on application to the ticket offices of either the Pennsylvania Railroad or B. & O. Railroad.

The certificates referred to must be secured at the time of the

purchase of the ticket to Washington on which, properly signed by Dr. H. L. E. Johnson, Chairman of the Transportation Committee, the reduced rate will be allowed returning. To be more specific the full fare is paid on the going trip to Washington and a two-thirds reduction is allowed when the ticket is purchased in Washington for the return trip. These certificates must be obtained at the ticket offices at the time the ticket is purchased. Be sure to state that you are a delegate and will be in attendance at the meeting.

Respectfully, yours,

Dr. H. L. E. JOHNSON,

Chairman Committee Transportation.

1400 L. Street, N. W. Washington, D. C.

FINANCES!—One of our leading physicians, who is noted for a vein of dry humor and wit, as well as his attainments in medical science, related the following, which is quite apropos in these times of bank suspensions and scarcity of the circulating medium:

Seated in his office thinking seriously of the large accumulation on the debit side of his ledger, without appropriate entries on the other side, then entered a dusky daughter of Africa, and the following conversation took place:

Dinah—Doctor, I've come to see if yer can't do somethin for this swellin.

Doctor—Does it give you any pain? Does it hurt you any?

Dinah—Oh! No, sir; it don't hurt at all. I'm jest gettin all swelled up here (putting her hands on the lower part of her abdomen); an I think I can feel somethin movin round in dar.

Doctor—Well, er, what is the s ate of your *finances?*

Dinah—Oh! Deys done all stopped; habent seed nuffin of em fer five or six months.

T. H. J. PRYCE, M.D., ETC., No 4 Lorne Villas, Clevedon, Somerset, England, May 23rd 1881, writes:

I take pleasure in giving the following notes on Bromidia. A patient, age 28, suffering from pneumonia and Typhoid Blood

Poisoning (the latter was contracted when in the convalescent stage), complained of insomnia, and I put him on Bromidia. Even when in good health he had suffered more or less from insomnia, but after having taken Bromidia he slept without difficulty and very naturally, and no headache or constipation followed its use, as was the case when other narcotics were administered. I was very much pleased with the results, and prescribe Bromidia often now.

For Chronic Subinvolution.—

℞ Fl. Ext. Ergotæ (Squibbs),..... ℥ij.
Potassæ Iodidi,..... ℥ij.
Dioviburnia,..... ℥vj.

M.

Sig. Dessertspoonful in water three times a day.

For Mania a Potu.—

℞ Chloral Hydrate,..... ℥j.
Neurosine,..... ℥iv.

M

Sig. Tablespoonful as required.

Mel[illegible]'s Food is one of the most elligible and excellent preparations for both infants and and invalids. It is a soluble dry extract, prepared from malted barley and wheat, consisting of dextrin, maltose, albuminates and salts. It does not ferment, and is the best substitute for mother's milk yet produced. We have tried it in cases of both infants and invalids for a number of years and have found it just what it is represented to be, a most reliable and valuable food product.

Sennine, the New American Antiseptic, is a chemically pure preparation of boracic acid and phenol, in the form of a powder, odorless, slightly astringent, and of t is antiseptic, antizimotic, bactericide, deodorfree from toxic and irritant effects, and re- It is prepared by the Dios Chemical Co., of Send to them for a sample and see that your on hand.

Reviews and Book Notices.

A Practical Treatise on Diseases of the Skin, by John V. Shoemaker, A.M., M.D., Professor of Skin and Venereal Diseases Medico-Chirurg. College and Hospital, of Philadelphia; Physician to the Philadelphia Hospital for Diseases of the Skin, etc., etc. 8 vo. cloth, pp. 878, with chromogravure plates and other illustrations. Second edition, revised and enlarged; price $5.00. D. Appleton & Co., Publishers, New York. 1892.

We were highly pleased with Dr. Shoemaker's work when its first edition was brought out some five years ago, and have derived much benefit by reference to its pages. In the second edition the author has incorporated the various new points of etiology, pathology and treatment that have subsequently been developed, and in this volume we have a faithful representation of the present knowledge of dermatology. Interesting facts in the clinical history of different affections have been added, and the diseases of the skin, having relation to the general state of the economy are well described. Brief descriptions of those micro-organisms which have been demonstrated to be exciting causes of certain cutaneous maladies, and a careful consideration of the results of the cultivation of bacteriology in connection with etiology are marked features. The effect of local treatment is briefly discussed; and the most efficient bactericides, their influence in various morbid conditions, and careful details of their application are given in the consideration of the various diseases in which they are applicable. A special section has been added on electricity; and the effect of diet in the production and treatment of cutaneous affections is also alluded to at some length. Attention is given to improved methods in the treatment of the eruptive fevers. Many additions have been made in the chapter on syphilis. A sufficiently full account has been given of the various methods of hypodermic medication that have been advocated in this disease, together with an estimate of their advantages and defects. A section has been added descriptive of the various changes which the nails undergo in consequence of

local or general disease. The recent literature upon the subject of leprosy has been gone over, and the opposing doctrines concerning its contagious and hereditary character have been fully considered. The constitutional effects of carcinoma are briefly described. An account is given of the recent literature upon the etiology of cancer according to the views of Darier and others on the subject of cutaneous psorospermosis. Lupus vulgaris and its relation to other forms of cutaneous tuberculosis receives full attention; and the results of treatment of lupus by tuberculin are described in accordance with the author's experience in the use of this remedy. A number of additional formulæ have been embodied in the work, and take it all in all, it is a most complete and thorough consideration of the present accepted status of dermatology.

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Ophthalmology, Laryngology, Otology, and Dermatology, by Professors and Lecturers of the Leading Medical Colleges of the United States, Great Britain and Canada. Edited by JNO. M. KEATING, M.D., JUDSON DALAND, M.D., J. MITCHELL BRUCE, M.D., and DAVID W. FINDLAY, M.D. Vol. I. Third Series, 1893. 8 vo. cloth, pp. 361, price, $2.75. J. B. LIPPINCOTT COMPANY, Publishers, Philadelphia.

This is a very interesting series of clinical facts and observations presented by some of the leading medical teachers of the English-speaking people. This volume contains over fifty different articles on some of the more important pathological conditions met with, in every day practice. Among the few that we have had the opportunity of reading may be mentioned the following: A Case of Empyema, by David W. Findlay, M.D.; Traumatic Synovitis of the Shoulder Joint, by William Pepper, M.D.; Cancer of the Stomach, by J. H. Musser, M. D.; Exophthalmic Goitre, by W. O. Moore, M.D.; A Case of Aneurism of Arch of the Aorta, by J. McFadden Gaston, M.D.; Multiple Sclerosis; Traumatic Tremor, Railway Spine, by F. X. Dercum, M.D.; The Surgical Treatment of Gall-Stones, by A. Pearce Gould, M.D.; Extra-Uterine Pregnancy, by Henry C. Coe, M.D.; Hunterian Chancre, etc., by Arpad Gerster, M.D.; Flatfoot, by J. Scott Riddell, M.D.; Deviated Septum, by

Charles H. Knight, M.D.; Chronic Pharyngitis, by E. Fletcher Ingalls, M.D. A casual glance at the other articles justifies the statement that it is a work of high order of merit, and will amply repay a full and careful investigation of its entire contents.

A MANUAL OF DISEASES OF THE EAR. By GEORGE P. FIELD, M.R.C.S., Aural Surgeon and Lecturer on Aural Surgery, St. Mary's Hospital Medical School, London. In one octavo volume of 391 pages, with seventy-three engravings and twenty-one colored plates. Cloth, $3.75. Philadelphia. LEA BROTHERS & Co. 1893.

The frequency of aural affections, the apparent difficulties of treatment and the severity of the results of neglect, all combine to render a plain and authorative volume an acquisition of great value to the student and general practitioner. The work possesses even greater importance to the specialist, since it embodies the experience of a gentleman occupying the chair of aural surgery in the first London school offering instruction on its subject. The demand for four editions testifies to its merit.

REACTIONS. A Selection of Organic Chemical Preparations Important to Pharmacy in Regard to their Behavior to Commonly Used Reagents. By F. A. FLUCKIGER, PH.D., M.D. Authorized English edition. Translated, revised and enlarged by J. B. NAGELVOORT, Analytical Chemist to the Phar.-Chem. Laboratory of Parke, Davis & Co. (With Portrait and Autograph Letter of the Author.) GEO S. DAVIS, Publisher, Detroit, Mich. 1893. Price, $2.00.

The well-known ability and established reputation of Prof. Flückiger are sufficient to insure for this translation of his most recent work, the interest of the entire pharmaceutical world. The American editor approached the work of translation with some hesitancy, but his efforts have received the full endorsement and approval of Prof. Flückiger.

"This volume is a revised and enlarged edition of the German text—not a verbatim translation. Prof. Flückiger kindly favored me with a few additional notes from his pen. It is assumed that there is no necessity for describing apparatus, and that the English reader, no less than the German student, is familiar with chemical manipulations."

There can be little doubt as to the reception the book will meet with. It will at once take its proper place in the first rank in pharmaceutical literature.

THE PHARMACOPŒCIA OF THE UNITED STATES OF AMERICA. Seventh Decennial Revision (1890). Published by authority of the National Convention for Revising the Pharmacopœcia, held at Waihington, A. D., 1890. Official from January 1, 1894. Published by the Committee of Revision. J. B. LIPPINCOTT & Co., Printers and Binders; P. BLAKISTON, SON & Co., Agents, Philadelphia. 1893.

The standard and authorative work for the next ten years, the guide for the pharmacist is now before the public. The committee of revision have done their work thoroughly and well. The work of revision has been carried on without interruption, up to the time of commencing to put the text in type at the beginning of the current year, and the result is herewith submitted to the professions of medicine and pharmacy, and to the public at large. It is a handsome royal octavo volume of 600 pages, handsomely printed on heavy thick paper and well bound in cloth. Time and space will not permit a full review of its contents, nor is it needed, for the scope of the work is well and widely known, and it suffices to say that the revision for this decade is just what it should be, and what the preceding volumes and the high standing and character of the committee would justify us in expecting.

THE BACTERIAL POISONS, by DR. N. GAMALEIA, translated by E. P. HURD, M.D., Member of the Massachusetts Medical Society, and of the Clinatological Society; One of the Physicians to the Newburyport (Mass.) Hospital. [Physician's Leisure Library Series.] 16 mo., pp. 136, price 25 cents. GEORGE S. DAVIS, Publisher, Detroit. 1893.

This is a very complete and compact little volume in which the important subject of the bacterial poisons is thoroughly considered in a connected treatise. It is divided into threee parts—history of microbial toxicology; general toxicology and special toxicology due to bacteria.

RECENT DEVELOPMENTS IN MASSAGE, Historical, Physiological, Medical and Surgical, by DOUGLAS GRAHAM, M.D. (Physician's Leisure Library Series.) 16 mo. paper, pp. 128, price, 25 cents. GEORGE S. DAVIS, Publisher, Detroit. 1893.

Those who are interested in the subject of massage will find this excellent little work a great convenience and of considerable value. It is a very complete summary of the entire field.

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DISEASES OF THE MASTOID PROCESS.*

BY L. B. GRADDY, M.D., OF NASHVILLE, TENN.

Idiopathic inflammation of the mastoid process is of such rare occurrence, if it occurs at all, that I need not go beyond stating the fact, that cases of apparently this character have been reported by such careful observers, that it has gained a place in otological literature. From the reading of these reports however, we are unable to exclude sub-acute aural catarrh. So that the explanation of those cases given by Buck, Roosa and others is probably correct. That is, that a sub-acute catarrh preceded the inflammation, the secretion in the tympanum finding an easier outlet into the antrum and mastoid cells than through the drum-head.

* Read before the Nashville Academy of Medicine, Sept. 14, 1893.

Idiopathic mastoid periostitis is equally rare. Therefore, when we meet with a case of mastoid periostitis and find a healthy auditory canal and middle-ear cavity, with no history of recent inflammation or suppuration in these parts, and no recent impairment of hearing, we should suspect trauma or constitutional causes, and be governed accordingly in our treatment.

A true primary idiopathic affection of, or in, the mastoid, however, is occasionally met with, in which no objective evidence of disease exists either in canal, middle-ear cavity, or the tissues overlying the bone. The subjective evidence of disease consists solely of deep-seated, more or less continuous pains, often of great severity. For want of more exact knowledge of the pathology of this distressing affection, it is called neuralgia of the mastoid. The pain is probably due to progressive changes in the bone, but the character of these changes has so far escaped detection. They are probably sclerotic. The pain can only be relieved by opening the mastoid and cutting away a large portion or the whole of the cancellated structure.

This brings us to the consideration of those conditions which the Committee, doubtless, had in mind when the subject of this paper was suggested, viz: Mastoid Periostitis, Abscess, and Caries of the Mastoid Process. These conditions, one and all, are secondary to an acute or chronic suppurative inflammation in the tympanic cavity, or the external auditory canal. The two former may coexist, or they may exist independently of each other; caries, being a later affection and secondary to either periostitis or mastoiditis. It is, therefore, mastoid periostitis, and inflammation of the lining membrane of the mastoid cells, or cancellated structure of the bone, *in the primary stage* that chiefly concern us; for, herein lies our opportunity to prevent the extension of the disease, spare the patient long and tedious suffering, and many times actually save life. Without properly distinguishing between mastoid periostitis and true mastoiditis, this opportunity may be lost; treatment misdirected—either too much or too little being done—resulting in the most serious consequences.

Extensive, or even moderate involvement of the cortex of the mastoid process, may be secondary to inflammation of the periosteum and soft parts, and can be prevented by prompt action if the periostitis be seen in the primary stage, and is promptly

dealt with. Involvement of the cancellated structure, constituting true mastoiditis, or abscess of the mastoid, however, is virtually coëxistent with inflammation of the membrane lining the cells, and, therefore, the prevention of, at least limited caries, is practically impossible. Hence, temporizing in true mastoiditis is but shirking one's duty, and can only prolong and add to the suffering and danger. I shall endeavor to differentiate between these two painful and dangerous affections, so that we may proceed in our treatment upon sound surgical principles. This task is undertaken in the face of the statement by all authorities on otology that to differentiate between mastoiditis and mastoid periostitis is frequently impossible. This statement is not restricted to any stage of these two diseases, and is, therefore, both surprising and misleading.

The symptoms of either periostitis or mastoiditis are so pronounced, even urgent, that if the physician be anywhere within reach of the patient, the opportunity to see the case early is certain to be offered, when, according to my experience, the differential diagnosis is not difficult. Aside from rather extensive hospital experience, I have now treated thirty-eight cases of mastoid disease, seven of which were periostitis without bone involvement; nine were mastoiditis without periostitis; and twenty-two were combined ostitis and periostitis, *i. e.*, the acute stage had been passed. Upon this experience I conclude that in a given case of œdematous swelling of the tissues overlying and surrounding the mastoid with redness, sharp intense pain, appearing at or about the same time, or rapidly succeeding each other, little or no elevation of temperature, no chills, the diagnosis of periostitis is justified. Upon the other hand, with deep, severe, throbbing pain, appearing *before* redness and swelling, headache or pains in the head confined chiefly to the affected side, tenderness or rather soreness, only upon moderately firm pressure, elevation of temperature, and particularly if chills have occurred, I think the diagnosis of mastoiditis is justified. In fact, I may go still further and say that if pain, redness and swelling, with great tenderness, appear about the same time, it is almost certainly periostitis. But if the pain *precede* the redness and swelling, with little or no tenderness, it is almost certainly mastoiditis. At any rate, upon the above differentiat-

ing symptoms I have based my diagnoses, and have had no occasion to regret the procedures adopted in any case. There is, however, a later stage of active inflammation of the mastoid than the one under discussion, in which the two conditions mentioned coëxist, presenting the symptoms of both, which may be somewhat aggravated, or may be modified by the pus having found its way through a fistula in the bone and relieved the tension; but this state of things makes so clear the indications for treatment that we need not concern ourselves about the starting point of the primary inflammation.

With regard to the treatment of mastoid diseases I am forced, by experience and observation, to take issue with authors upon the point of the so-called Wilde's incision. Without exception, so far as I know, this obstruction to the further proper investigation of the parts is recommended by all to be placed upon every case without discrimination. I do not believe, and a careful analysis of cases, as we shall see later, sustains this opinion, that Wilde's incision ever accomplishes anything that cannot be accomplished by milder measures, without the risk (danger if you please), be it great or small, of an anæsthetic, and without the risk attending a large open wound, which must, in a majority of cases, be exposed to the additional risk of infection by an operation on the bone and a free flow of pus over the bruised and broken granulating surface. Moreover, it frequently introduces a new set of symptoms which are misleading, such as increased tenderness of the parts, change in the character of pain, rendering it impossible for the patient to locate it; elevation of temperature, rigors, etc., which cannot be distinguished from the same symptoms arising from retained pus, and may thus lead to unnecessary perforation of the bone. Or these symptoms may be attributed to the wound, and thus cause unnecessary suffering and dangerous delay in making an operation which should have been done in the first place. I do not deny that Wilde's incision possesses great value in mastoid periostitis. Upon that point there can be no doubt. It should be practiced, however, by those only who cannot avail themselves of other means of local depletion. But I do not believe that it possesses any value whatever in deep mastoiditis, but rather that it adds a somewhat serious complication, as I have shown, to an already grave condition. I

should no more expect to relieve a suppurative inflammation of the cancellated structure of the mastoid process by incising the periosteum there, than I would expect to relieve a suppurative inflammation of the head of the tibia by incising the periosteal covering of that bone. In deep mastoiditis, Wilde's incision can at best do no more than partially relieve coëxisting periostitis. To do such an operation for such a trifling benefit, if benefit it be, and run the risk of veiling dangerous symptoms is, I think, to tamper with human life. In an analysis of eighty-three cases of mastoid diseases, without special selection, I find that Wilde's incision was made in 77 per cent. In 63 per cent. of those in which it was practised it failed to give permanent relief, and the bone had to be perforated later in 57 per cent. In 6 per cent. there was spontaneous perforation of the bone after Wilde's incision varying in time from twenty hours to three days. In 37 per cent. permanent relief was obtained. In 23 per cent. of the cases leeches, the hot douche, and poultices were relied upon, and 72 per cent. was permanently relieved, and 28 per cent. had to be operated. In 7 per cent. after, Wilde's incision, such sequelæ, apparently chargeable to the incision, as erysipelas, œdematous swelling of the neck and multiple abscess were observed. No such sequelæ followed leeching nor perforation of the bone after leeching. We thus see, when the two plans of treatment are adopted without differentiating between periostitis and mastoiditis, that Wilde's incision is not only less apt to give permanent relief than other means, but that it appears to be responsible for conditions quite as serious as those which it is intended to relieve.

The above furnishes a forecast for the treatment of mastoid periostitis. It is simple enough, resolving itself into this: Remove all obstruction to the free exit of pus from the external auditory canal and tympanic cavity; keep the patient quiet in bed; clear out the bowels freely, preferably with a mercurial cathartic; put from three to six leeches on the mastoid as near the auricle as possible, and two or three in front of the tragus, and use the hot douche and poultices.

Another point upon which I take issue especially with American authors is in the delay which they advise in opening the mastoid process in the early stage of mastoiditis. They appear to look upon the operation as one of great danger. Now the

only danger in the operation, so far as I can see, which does not attend every surgical procedure of importance, is an abnormally deep digastric and sigmoid fossa. A condition which cannot be foreseen and which in many cases leaves but little mastoid upon which to operate. If in such cases the operation be undertaken upon the rules usually laid down for its performance, it will be impossible to avoid opening the sigmoid fossa and exposing the lateral sinus, the wounding of which would probably result in the death of the patient. Still it is possible to avoid exposing the lateral sinus in every case, hence this danger is fancied, while leaving pus confined in the cells is a real one. I know of no greater danger connected with disease or surgery of the mastoid process than to allow pus to remain in such close proximity to the brain, where it is most favorably situated for the production of phlebitis, embolism, septicæmia, etc. To illustrate and show justification for this criticism I shall quote a few passages from some of the most popular authors. Dr. Roosa is perhaps the least conservative. All through the chapters on diseases of the mastoid process in his latest edition[1] he labors earnestly to urge prompt action; but gives no indications demanding perforat ion of the bone in the early stage of mastoiditis and leavens the whole with a free sprinkling of caution that is truly surprising. He says: "The integument and periosteum should be freely divided. * * * The bone should be thoroughly examined by the aid of such an incision *whenever*[2] we have good ground for suspecting that pus * * * is retained in this part." Now every one of experience in opening the mastoid process knows that in deep mastoiditis, not until long after suppuration has taken place, does the external appearance of the bone furnish any clue whatever to the condition of the interior. Again he says: "The mastoid process should be perforated after such an incision *whenever*[2] the bone is found softened, and when a fistulous opening is discovered, it should be enlarged." In absence of other indications than softening and a fistula the inference is warranted from this sentence that the mastoid is not to be perforated until these phenomena have appeared. It is most remarkable that

1 Diseases of the Ear, 1891, pp. 543.

2 The italics are mine.

Dr. Roosa gives no indications for perforating the mastoid process previous to the involvement of the cortex.[1]

Another popular author of recent date, says: "Were there any indications to guide the surgeon in the detection of pent-up secretions in the cellules of the mastoid before a sinus has announced the fact, the author should not hesitate to perforate healthy tissues in order to relieve the patient; but he is aware of no such indications."[2] In discussing the subjeet of opening the mastoid some time ago, Dr. Strawbridge stated after years of experience that he had never opened the mastoid process in the living subject; and Dr. Theobald made the same statements, to which Dr. Roosa naively replied: "These experiences appear to stand alone."

Such practice and such experiences as I have just related should not be, I think, dignified with the title of conservatism, but should be characterized rather as rank surgical cowardice. Indications for opening the mastoid process in the early stage of suppurative inflammation of the cancellated structure, DO EXIST, as we shall see, and are as clear as the indications for almost any other surgical procedure, and are far more urgent for perforation than they are after the cortex becomes softened or a fistula has formed. It does not require a surgeon to say that an abscess should be opened, when pus is just beneath the skin. When the cortex gives way the chief danger to life has passed; the pain is, as a rule, greatly modified, and there is no longer a question about the proper treatment. But previous to this no man can say in what direction the pus will burrow, or what the result will be. If therefore we are guided by the sound principles of our art, I insist that prompt and decisive action in the incipiency of this disease, is a duty we owe to ourselves and to humanity; in-

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1 It is particularly remarkable, because Dr. Rossa is known to be a most courageous operator; one who opens the mastoid process as early as the strongest advocate of early procedure could desire. It appears to me that he does himself and his subject injustice in advising—indirectly it is true—against early peforation of the bone, those who look with dread upon the operation, and are only too glad to find justification in a standard work for delay.

2 Sexton. "The Ear and its Disease." Pp. 280.

stead of waiting until life is well nigh worn away by pain, for something to turn up.

We find in the symptoms themselves of mastoiditis, the indications for early perforation of the bone. We may then differentiate between mastoid periostitis, and mastoiditis thus: Mastoid periostitis, is characterized by redness, sharp distinctly superficial pain, œdema of the tissues overlying the mastoid, and great tenderness to the touch, all appearing at or about the same time. *Extreme tenderness and redness being the most valuable differentiating symptoms.* We should bear in mind that the objective symptoms of periostitis are rapidly developed; that it becomes quickly intensely painful, and that redness and œdema of the overlying tissues rapidly follow. Mastoiditis or abscess of the mastoid, that is inflammation of the cancellated structure of the mastoid process is characterized by distinctly deep pain of very great severity, radiating to and through the corresponding side of the head; little or no tenderness over the mastoid except on *firm* pressure; little or no redness. *The most valuable differentiating symptoms being the deep pain, absence*— more or less complete — *of tenderness, redness, and swelling.* Redness, swelling, and tenderness do not appear until the disease has made considerable progress. In conjunction with these symptoms we almost invariably have a marked elevation of temperature, chills, etc., in a word the symptoms common to pus formation and pus retention.

It appears to me that, with a clear apprecition of the differentiating symptoms which I have given, and which I insist are clear and well defined, of the only disease of the mastoid process in the only stage, about which there is any question as to treatment, we should be able to institute decisive and rational measures at once, with a marked degree of certainty of relieving and virtually placing the patient out of danger. These measures consist in perforating the bone to the antrum and emptying the cellules of retained secretion. Having discharged our duty faithfully we can apply to our conscience, if need be, the unctuous statement of the most distinguished otologist of the present day that: "No surgeon after duly weighing the indications for opening the mastoid process should feel aggrieved even if he find no pus."

Just as we had a forecast of the treatment in the symptoms of

mastoid periostitis, so also, there is to be found a forecast of the treatment in the symptoms of mastoiditis, which furnish the indications. The auditory canal and middle ear cavity should be cleared of all obstruction to the free exit of secretion and the mastoid process opened in the following manner. The patient being anæsthetized, the hair shaved off for some distance around the mastoid, skin cleansed with soap and water and disinfected with a solution Hg. bichlor. 1:2000, an incision is made through the tissue and periosteum to the bone, from two to two and a half inches long, whose linear center should correspond with the center of the external osseus meatus, and a quarter of an inch behind the auriculo-mastoid fold. Free bleeding should be stopped, the periosteum detached, pushed back in all directions and held by retractors in the hands of an assistant so as to give a large field for operation. A somewhat triangular piece of the outer plate, whose sides measure from $\frac{5}{8}$ to $\frac{1}{2}$ inch in length, should be removed by means of the chisel. The center of this opening should be a quarter of an inch anterior to the boss of the mastoid and cut by a line drawn across the center of the boss, extending across the center of the external osseus meatus. The cancellated structure should be cut away by means of strong sharp currettes, or chisels according to the integrity of the bone, in a direction inward, forward, and a little downward, gradually contracting the diameter of the excavation until the antrum be reached, which generally lies at a depth of from $\frac{5}{8}$ to $\frac{3}{4}$ of an inch and which should form the apex of a funnel shaped excavation. Frequent stops should be made to measure the depth we have attained and see that we are pursuing the right direction.

The treatment of the wound is simple enough. My rule is to dust idioform freely over the surface of the excavation, and pack it loosely from the apex with iodoform gauze; the external dressing consisting of a pad of the same material and absorbent cotton, the whole held in place by a roller bandage. The dressing is removed once a day and the wound irrigated with a solution of Hg. bichlor. 1:2000.

I fear that I should not reach the mastoid antrum if I followed the instructions given by some of the leading authors, *e. g.*: Dr. Roosa advises the opening to be made on the boss of the mastoid which is "usually on a line with the external meatus

and work inward and downward." It is difficult to see how one penetrating the bone in that direction could escape entering the cranial cavity at a depth of $\frac{5}{8}$ to $\frac{3}{4}$ of an inch, especially if there be a deep sigmoid fossa, when we reflect, that the long axis of the petrous bone runs forward at an angle of about 45 degrees to a line drawn from the boss of one mastoid to that of the other.

If I were asked to modify the above described operation, which is the ideal one, I should do so by advising a more complete destruction of the cancellated structure, though it appeared healthy. It is not sufficient that fluid, when injected into the wound, pass out through the auditory canal, or through the wound when injected into the canal. That may happen as soon as the cortex of the bone is removed, through a fistulous tract leading to the antrum or to the tympanic cavity, and there yet remain one or more large cells filled with pus, which have no communication with fistula or antrum.

The following case illustrates this point: On May 13th, 1893, I saw Mr. W. in consultation with Dr. Witherspoon, of Columbia. He was attacked one month before this time with an acutely painful inflammation of the middle ear. The discharge had been most profuse all the time and the pain most excrutiasing for the most part, but not constant. Temperature had ranged between 99 and $100\frac{2}{5}$, notwithstanding the free discharge. When I saw him he was greatly run down from pain, loss of sleep, etc. There was a profuse discharge; tenderness over the mastoid on firm pressure. The patient had observed that when the pain in the ear, which radiated to the side of the head, was most excrutiating, it was often relieved by a sudden free flow of pus, the partial relief continuing for several hours. Upon wiping away the discharge bulging of Sharpnell's membrane, which was perforated, was observed. Lying and fitting over the opening in Sharpnell's membrane was noticed a small granuloma which could be lifted out of its place with a thin probe, when pus would freely ooze through the perforation. His temperature was $99\frac{3}{5}$. This was unquestionably a case, originally of acute purulent inflammation of the upper part of the drum cavity, including the antrum, and later extending to the mastoid cells. I advised an immediate perforation of the mastoid, or re-

moval of the drum head and ossicles. The operation was objected to. So I enlarged the opening in Sharpnell's membrane, washed out a large quantity of pus, which was followed by immediate relief, and a fall of temperature to normal within twelve hours. The relief was, however, as I had predicted, only temporary. I saw the patient again in a few days, when he was in practically the same condition as when first seen. Surgical procedure was again objected to. I at this time destroyed Sharpnell's membrane by means of a caustic, washed out the attic and the antrum; the same deceptive improvement as before following. At another consultation with the patient a few days later, I obtained his consent to open the mastoid three days from that time. I saw him no more for ten days, when he returned with the tissues over the mastoid enormously swelled, red and tender. He stated that the day following his last visit he became worse, and the parts began to swell. On this day June 5, 1893, assisted by Dr. Witherspoon, Dr. Duncan Eve and Dr. Ross Dunn, of this city, I perforated the mastoid, and evacuated an abundance of pus, and removed some granulations from the antrum and attic. When the incision was made down to the bone no pus escaped until the periosteum had been removed from the anterior surface of the mastoid, when there was a free flow of *blood-stained* pus through a fistula in the bone. The fistula was enlarged with a drill, but finding this unsatisfactory, I resorted to the chisel and proceeded as if no fistula existed. When the perforation had reached something more than half the desired depth, the fistulous tract was no where to be found, and there was no pus to be seen. The bone was white, smooth, healthy looking, and so hard that no impression could be made upon it with the curette. Not being satisfied to stop short of the antrum, I again resorted to the chisel, and upon breaking through a remarkably hard cancella of bone, about a dram of pus *free from blood stain* suddenly welled up. There is no doubt that this pus was confined in a cell which had no communication with the fistulous tract or antrum. This is not an isolated case. I have had the same experience frequently before and have seen it in the practise of others. In fact, confined pus in isolated cells with hard, apparently healthy walls is of such frequent occurrence that it seems to me to furnish an unanswerable argument in

favor of penetrating the bone to the antrum in every case, if not to the complete destruction of the cancellated structure, by such means as are best adapted to that purpose. What are those means? In this country there is no concensus of opinion; some preferring the trephine, some the drill, some a stiff probe, some a gimlet, and others the chisel. The trephine is a tempting instrument with which to remove the outer plate of bone, but here its usefulness in mastoid operations ends. I say usefulness, because the funnel shaped excavation is admitted by the admirers of the different instruments mentioned to be the necessary and ideal operation.

Such an opening is impossible, of course, with the trephine, and I think no one would care to penetrate the petrous bone to a depth of $\frac{5}{8}$ to $\frac{3}{4}$ of an inch with an instrument at least $\frac{3}{8}$ of a inch in diameter. The drill is of no practical value until the bone has softened, to some degree at least, or a fistulous opening is established; and even then I find it a clumsy and unsatisfactory instrument to work with. In many cases, as we have seen, it is totally inadequate to the requirements. As to the stiff probe, if a bone has become so soft as to be broken down by it, be it ever so stiff, I fail to see that we can accomplish anything more than to gratify our curiosity as to its friability. It is difficult to believe that a surgeon of the present day would perforate the mastoid process with a gimlet, if any other instrument better suited to the purpose could be had. The fact that cases have recovered in which these widely differing instruments were used is no argument in favor of their continued employment. I would not, however, place too low an estimate on instruments that have served others well, but we should not forget that cases of mastoid disease do sometimes recover without operation, as evidenced by the depressed cicatrix occasionally met with in clinics. As to myself, I prefer the chisels, because the work can be carried on with the miuimum of risk to the patient, and they are the only means yet devised with which an ideal operation can be made.

In conclusion, I wish to say, with an eminent confreré, that "I would not lead you to believe that I consider the opening of the mastoid process a trivial procedure, the indications for which need not be carefully considered before it is undertaken." But I wish also to emphasize the fact that it is not attended by that de-

gree of danger which appears to have excited the fears of many, and held with such tenacity to others ever since the death of poor Berger, to warrant the waiting policy adopted by them. With our improved methods, few important operations in surgery are freer from danger. Abandon antiseptics, and I do not believe the dangers would be as great as delay, which has undoubtedly resulted in more suffering and caused the loss of more lives than all the haste, boldness, and quackery combined, that has ever been practised upon the ear. The symptoms of pus retention are rarely misleading. To give vent to pus is a law of surgery that cannot be abrogated and cannot be ignored without detriment to the patient.

CYSTITIS.*

BY W. F. GLENN, M.D.,
Professor of Venereal Diseases in the Medical Department of the University of Tennessee.

Until the last fifty years the nature of inflammation of the bladder was very little understood. Civiale was first to call attention to the fact that there was constantly present pus in the urine of persons suffering with inflammation of the bladder. Until quite recently it was only studied from its clinical aspect, but recent investigations warrant us in attributing cystitis to local microbic infection. There are many different forms of inflammation of the urinary bladder, receiving many different names from different authors. For example: Acute and chronic inflammation, purulent inflammation, hæmorrhagic inflammation, painful inflammation, inflammation of gonorrhœa, of stricture, of tubercle, of calculus, of tumor, of foreign body, of prostate, and nodular cystitis, which has been recently fully explained by Samuel Alexander, of New York. Some are named from the causes of the inflammation, others from the pathological condition existing at the time. Cytitis may be divided into three distinct varieties:

*An essay; read before the Nashville Academy of Medicine, August 24, 1893.

1. Superficial; affecting the mucous membrane lining the bladder.

2. Interstitial inflammation; involving mucous membrane, connective and muscular tissue.

3. The productive; which includes the lesions of tubercle, ulcerations, diphtheritic membranes, enlargement of lymphoid follicles, fungo-vascular excrescences, etc.

The divisions are simply arbitary, as perhaps in every instance cystitis commences as a superficial inflammation and afterwards becomes interstitial, or may extend through the muscular, and involve the serous coat. Again, the terms acute and chronic are characteristic of the same pathological conditions, existing in different degrees of intensity. A chronic inflammation may at any time assume an acute form, or an acute form, may subside into a chronic. How often do we see patients who, for years, are subject to a very slight cystitis, causing little inconvenience, but who often, without apparent cause, have acute symptoms arise, causing great inconvenience and intense suffering for a few days, or a few weeks.

While the whole bladder may not be involved, the prostatic urethra, which must be regarded as a part (the neck) of the bladder, is always involved, and the inflammation is more intense in this locality than elsewhere.

While the entire lining of the bladder may be inflamed, there are certain places that are always involved, notably the trigone and the ureteral orifices.

Alexander, in Morrow's System of Genito-Urinary Diseases and Dermatology, says:

"The distinction between cystitis of the neck of the bladder and cystitis of the body of the bladder has no pathological or clinical significance and should be given up."

While I agree with him that we have clinically and pathologically a cystitis, yet it is confined to the bladder neck alone, and in many cases does not involve any other portion of the bladder, and, therefore, the distinction between inflammation of the neck of the bladder and inflammation of the bladder (meaning the body) should not be given up, but should be held on to, as it locates more exactly the seat of the disease—an urethral inflammation, affecting the neck of the bladder, without involving its body.

Symptoms.—While in different forms of cystitis symptoms vary considerably, there are three symptoms which, when all are present, indicate certainly inflammation of the bladder. These are *frequent micturition, pain, and pus in the urine.* In every case of suspected cystitis, the urine should be examined for pus, and, if found, the case may be considered one of inflammation of the bladder.

The causes of cystitis have already been outlined in mentioning the different varieties of cystitis; namely, gonorrhœa, stricture, calculus, retention, chronic prostatitis, venereal tumors, exciting influence of cold, sexual excitement long continued, paralysis, and indirectly gout or rheumatism.

Diagnosis.—To determine whether the bladder is inflamed, is usually an easy matter, though many are treated for cystitis who have it not; the diagnosis being made from one symptom alone. Painful micturition may occur from kidney stone, or neuralgia of the bladder, or an inflammation confined solely to the prostatic urethra, while the bladder itself may be entirely free from disease. When we suspect cystitis, the urine should be examined with three glasses. If the first and third contain large quantities of pus, cystitis undoubtly exists. A large quantity of pus in the third glass alone may depend upon Pyelitis, and not cystitis; microscopic examination should always be made, as cystitis may be determined by the character of epithelium present. The sensibility of the bladder should also be tested by the introduction of a sterilized bougie against the inner wall of the bladder. Finally, not only the existence, but the location of the inflamed areas may be positively determined by careful examination with the cystoscope. When the cause of an existing cystitis cannot be determined by most careful examination, it may usually be considered to be tubercular, and the tubercular bacilli should be repeatedly looked for.

Prophylaxis.—Recognizing cystitis to be due to microbic infection, it can often be prevented by care in keeping the urinary tract aseptic during instrumental manipulation.

The following rules as to instruments may be observed in all operations on the urethra or bladder:

They should be thoroughly washed, then boiled thirty minutes, then dried with sterilized gauze or antiseptic cotton, then wrap-

ped in sterilized cotton, gauze, or Canton flannel. They should be dipped in boiling water a few moments before using. Local infection is often produced by using a lubricant which is not sterilized. The form of lubricant which I regard as most useful is liquid albolene, with as much boric acid in it as it will dissolve under influence of heat. It should be kept in a covered vessel and prepared fresh every twenty-four or forty-eight hours.

Treatment.—In the treatment of cystitis the prime object in effecting a cure is to remove the cause. The treatment is divided into two types, medical and surgical. In almost every case of cystitis, surgical treatment is necessary. The introduction of bougies, or of a catheter, the cutting of a stricture, the removal of a calculus or a tumor, curetting the bladder, making a perineal section for drainage, or draining by urethra, or a supra pubic opening, according to Hunter McGuire.

Rest and hygiene are of the first importance.

In acute cystitis the patient should occupy the recumbent position continuously, should pass his urine while lying on his side, should be limited to a milk diet, which he can take *ad libitum*. He may be allowed to drink any carbonated water he desires, either alone or mixed with the milk. The milk should always be sterilized. After the acute symptoms have subsided he may be allowed a more liberal diet, but should avoid indigestible food, vinegar and very salty meats. The bowels should be kept soluble by any saline purgative; the best, I believe, to be a saturated solution of sulphate of magnesia, to be given in tablespoonful doses. Generally one tablespoonful, largely diluted, before breakfast will suffice. A small quantity of hot water injected frequently into the rectum, and allowed to remain, will often give great relief. The use of anodynes by the stomach or the rectum is beneficial.

Opium and its alkaloids has the most desirable effect of all the anodynes. Suppositories of opium, belladonna, and hyoscyamus, are very soothing.

Treating the bladder directly by injections, or instillations, gives more promise of cure than all other plans of treatment. In fact, I regard all internal and rectal medication as only palliative, while to accomplish a cure we must resort to intra-vesical or surgical treatment. For a simple, uncomplicated case of super-

ficial cystitis, the following plan of treatment should be instituted:

After enjoining upon the patient the importance of rest and hygiene, the bladder should be thoroughly washed out once or twice daily with hot boric acid solution; every third day after a thorough cleansing, the bladder should be injected with five or six ounces of a solution of nitrate of silver; commence with one-quarter of a grain to the ounce of sterilized water and gradually increase to one grain to the ounce. After the acute symptoms have subsided, and the patient is on a fair road to recovery, the silver injections may be dropped, and iodoform in liquid albolene, thirty grains to the ounce, may be injected and allowed to remain, every forty-eight or seventy-two hours; or, what I believe is better, the mucous wall of the bladder may be dusted with iodoform, with a suitable powder blower.

Occasionally we give great relief by injections of weak solutions of witch hazel, creoline, carbolic acid, peroxide of hydrogen, or salicylic acid, but the medicines par excellence are nitrate of silver and iodoform. Where there is intense pain, temporary relief may be obtained by injections of a solution of cocaine, opium, morphine, codeia, or lupulin. But, of course, these injections have no curative influence.

During the entire treatment of a case of cystitis, large quantities of Poland, Waukesha, or Red Boiling Sulphur Water, should be drank, preferably, Poland. In chronic cases of cystitis, especially in old persons, nothing will relieve except a surgical operation, to give drainage to the bladder. In such cases the opening can either be made through the perineum or above the pubis, and kept open as long as it is necessary. At the same time proper antiseptic washes must be used in the inflamed bladder once or twice every twenty-four hours. They may be made through the wound, or, in case of perineal drainage, through the urethra, and allowed to escape through the wound. Of course, when the cystitis depends on tuberculosis, none of these measures will cure.

One thing I wish to call attention to before closing, is that when we examine the urine in a case of cystitis and find albumen, we must not conclude at once that its presence is due to trouble in the kidneys. It is frequently present from blood in the urine;

and often in so small a quantity as not to be detected without the aid of a microscope. Again, in cases of long standing, the epithelial layer may have been destroyed and the serum of the blood exude into the bladder. So, when we find albuminuria, we should examine thoroughly into the condition of the kidneys before we pronounce them to be responsible for it.

Selections.

CHOLERA: ITS PREVENTION AND TREATMENT.—A mass meeting of physicians for the consideration of the above subject was held at the Great Northern Hotel, Saturday evening, March 18, 1893, under the auspices of the Practitioners' Club of Chicago. There was a large attendance.

Dr. C. D. Wescott called the meeting to order at 8.20 p. m., and Dr. DeLaskie Miller was chosen Chairman of the meeting in the absence of Dr. N. S. Davis.

Dr. Miller, in his opening remarks, said: This is an unexpected honor to be called upon to fill the place of the gentleman who is unavoidably absent; but as the Chairman of this meeting is to be little more than a figurehead, I will accept the honor with thanks. This is an important meeting, and I trust that the attention and interest of it will be given to the gentlemen who will occupy the time. Without further remarks we will proceed to the business before the meeting.

After remarks made by several medical gentlemen on the different phases on the subject of cholera:

Dr. Elmer Lee, of Chicago, read the following paper:

The leading propositions suggested and tried in the treatment of Asiatic cholera during the epidemic of 1882 in Europe consisted of the following general plans. Early in the epidemic, lactic acid treatment was proposed on the ground that it would neutralize the alkaline accumulations in the bowels and so stop the multiplication of the bacilli.

An Englishman residing in Paris considered cholera a hyper-

æmia of the spinal cord. His proposition was ice poultices continuously applied to the region of the whole spinal column. A small pamphlet was published by the doctor in defence of his conclusions and to present testimonials in favor of his congestion theory. As this system of management was not seriously considered by cholera physicians its efficacy cannot be stated.

The use of large doses of the Russian remedy, salol, the invention of Prof. Nenski, of St. Petersburg, grew in favor as a new remedy during the epidemic. The average result of cases so treated in St. Petersburg, and by my American colleague, Blackstein, in Baku, and in other provinces of Southern Russia, could not be said to be satisfactory. Finally, at the last of the epidemic, its influences had become to be considered less and less valuable—this, however, can be said—it was in all and all more largely used than any other new remedy. Still it would not be safe to place too much trust in it.

Calomel was everywhere a remedy even more used than salol. Formerly this drug was used in very large doses, but last year it was the very small doses which found favor. Especially was this true in the treatment of cholera in Hamburg.

Of the surgical measures, the infusion of solutions of salt were most practiced. The solution consisted of distilled water n which was dissolved one half of one per cent. of common salt. This liquid was warmed to the temperature of the blood and either introduced directly into some large vein or injected with a ong needle and a large barrel syringe beneath the integument of he abdomen. The amount of salt solution used in either case would be from one pint to one quart each time. In one case reated at Hamburg as much as thirteen quarts of salt water were used from first to last. The patient recovered. The subutaneous injections were frequently followed by cysts and sometimes abscesses appeared. Intravenous injections sometimes proved a godsend, but more frequently disappointment could e said to be the result. These injections were only used n the third period of the disease or the stage of collapse, algidity r asphyxiation, at which period, it would be rather unreasonable o expect recovery by virtue of any treatment.

The Italian treatment, as it was called in Russia, was much sed, and with frequent gratifying success. This practice was

introduced by Prof. Cantani. It consists of a clyster composed of the following constituents:

Boiled water or infusion of chamomile (warm), 2 litres.
Tannin, 5 to 10 grams.
Laudanum, 30 to 50 drops.
Powdered gum arabic, 50 grams.

This or some part of the solution is occasionally passed into the rectum, to be retained if possible by the patient, In the experience of those who have followed this method of treatment almost every case taken at the beginning of the disease had lived. It is certainly more reasonable in principle than simple medical management.

Of the experiments of Ferran, of Spain, and Haffkine of the Pasteur Institute, much has been said, but what has been said has failed to bring conviction to my mind. As cholera itself cannot be said to protect one who has had the disease, and recovered, against a second attack, then that which is less than cholera in influence cannot be expected to do it. The seat of the disease is located in the intestines, and, so long as the infectious juices are there, the lymph vessels in the processes of physiological function will continue to infect the blood. Can we hope to thwart physiological action of absorbents by hypodermatic injection of cholera culture, made at some time, it may be years previous to the date of the passing epidemic? The answer in my judgment is that such expectations are flimsy. The caprice of Stanhope at the Hamburg Hospital cannot seriously pass for an argument in favor of anti-choleraic vaccination. His interesting but wildly exaggerated stories were the product of a newspaper's love for sensation, and profit of increased sales of newspapers.

My own personal thoughts concerning cholera and the method of treatment, as practiced by me both in Russia and at Hamburg during the epidemic of 1892, will occupy the remaining time allotted me.

It is now well known that cholera is a disease of the alimentary canal. Its inciting cause is believed to be a germ taken into that canal through the medium of food and drink. There its presence is protested against by the absorbent vessels, which eliminate from the food the nutriment for the body. The first symptom produced by foreign invasion in the intestines is a di-

arrhœa, which may precede vomiting from one to three or even four days. If this be true, the bowels must be the seat of disorder, and the most direct method of reaching them by medication must be the best. If the stomach could be emptied of the foul material before the poison has passed further, there might be speedy relief and, indeed, no real cholera. After it has passed into the intestines, medicine administered through the stomach may be slow in reaching the seat of the disease; and even then can only mingle with the poison, holding out the hope that the one will be neutralized by the other. This hope, in truth, is seldom realized. But if the poison can be removed from below, the course is left clear for nature to recuperate itself. The diarrhœa is an evidence of the great exertion put forth by the organism to rid itself of the death-dealing agency, and probably it would be effectual in the great majority of cases were it not that the nervous forces of the system are exhausted by the terrible strain before the required evacuation of the bowels is completed. A large irrigation of hot water, made soapy preferably by neutral liquid soap, introduced into the colon through a suitable rubber tube, is the simplest, and I am prepared to say further that it is a more satisfactory way of treating cholera than any other with which I am acquainted. The time to begin the irrigation is at the very earliest possible moment. Save the blood every single moment of infection by immediate action, even if there is the faintest suspicion of cholera either with or without diarrhœa. In every post-mortem seen by me of cases of death in which there had been no marked diarrhœa, the colon and small intestines were filled with accumulations of choleraic matter which swarmed with comma bacilli. The rule from which there need never be deviation is to treat the patient by irrigation of the bowels and rinsing of the stomach, without waiting for confirmation of the diagnosis either with the microscope or by the culture test. The best part of the practice is always to save the patient, even at the expense of fine statistics. The accompanying illustration explains the manner of using irrigation of the intestines. Such apparatus is suitable for places of public treatment of the sick. In private practice the syringe would take the place of the irrigating apparatus. The exact model of the irritating table used by me in

St. Petersburg may be seen at Mr. Sargent's store on Wabash avenue.

(Dr. Lee's apparatus for irrigating the intestines for the cure of cholera and other bowel diseases. Used first in St. Petersburg, during the cholera epidemic of 1892.)

For internal treatment my experience taught me that the *medicinal peroxide of hydrogen, of Marchand*, given in cupful doses of the strength of 4 per cent., or even much stronger, was a better antiseptic than any other drug heretofore known in the treatment of cholera. Then the treatment would be, first, immediate irrigations with hot water and soap, using from one to three gallons at a time twice a day for the first and second day. Once a day afterwards if required, which is seldom the case. At the same time cleanse the stomach with *medicinal peroxide of hydrogen* and hot water used freely—by urging the patient to drink. The feeding and nursing are the same as would be required by a patient suffering from septicæmia or other prostrating disease. My belief is based upon personal experiences and the following surgical measures and medical treatment viz.: Irrigation of the bowels, *always first* with hot water made soapy with neutral liquid soap or a good castile soap; second, cleansing and rinsing the stomach with hot water and *medicinal peroxide of hydrogen, of Marchand*, continuing till it is well washed; third, food and nurs-

ing; fourth, *medicinal peroxide of hydrogen of 4 per cent. strength* given in cupful doses at intervals of two hours during sickness till convalescence; fifth, meet the requirements as they come up, as would be done in any other grave disease, using whatever personal experience has taught us to believe is good. Cleanse the bowels, wash the stomach, feed the sick, keep them warm if cold, and reduce excessive heat by the cool bath rather than reliance upon drugs; using anything in an emergency that is the easiest and most accessible to procure. The cholera patient may be convalescent inside of the first few days, or if not convalescent and not dead, the case goes into the typhoid state, after which convalescence may be deferred for several weeks or death may be the conclusion. The temperature prior to the fifth day is generally subnormal or a little above, but on the fifth day marked exacerbation and elevation of temperature indicates the typhoid condition.

THE CHAIRMAN: It is a most fortunate circumstance that we are alive to-day. We must all of us feel confident that we have passed from the old to the new dispensation, which cannot but strengthen our faith like the anchor cast within the vale. We know what cholera is; we know that we can limit its spread in our city. This is great confidence, and it will do much for the comfort of this community. This idea should be spread throughout the length and breadth of this great city.—*Elmer Lee, A.M., M.D., in Chicago Clinical Review.*

EMERGENCY TRACHEOTOMY—There are two operations which every practitioner of medicine should be prepared to perform, tracheotomy and the operation for strangulated hernia. This does not mean that the two mentioned operations are the only ones it is desirable that the medical man should be able to do, but that while most operations can be postponed until some one who can do them can be got at, there will often be no time to send for assistance in a case of obstruction of the air passages or of strangulated hernia, and any delay will be had at the cost of the patient's life. Of herniotomy this would only be true in the country where it may take twenty-four to forty-eight hours to get a skillful surgeon; in a city the delay from calling in assist-

ance need not be more than an hour or two, and the danger from that delay would probably be less than the danger from an unskilled operator. But obstruction of the air passages often demands instantaneous action, and assistance a block away may be of no more use than if it were a hundred miles.

Within a few years a stranger died on a train between Chicago and St. Paul from œdema of the glottis, as shown by the post mortem; and during the past summer a healthy young man perished from the same cause here in St. Paul, in the very heart of the city, with a dozen physicians living within a block, and two actually present when he died, no attempt being made to open the windpipe. Since it may be the lot of any medical practitioner to meet with such a case at any time, it is worth while to consider how an emergency tracheotomy can best be done even without the ordinary appliances for the operation.

A number of valuable suggestions about the details of performing a tracheotomy are contained in a lecture delivered in the Royal College of Surgeons by Bernard Pitts, Surgeon to St. Thomas' and other London Hospitals, who urges all the preparations it is possible to make in the way of disinfection and the administration of at least a little chloroform, which if properly given does not increase the risk. In Germany much use is made of local anæsthesia in the form of a freezing spray of ether or rhigolene, which will very quickly render the skin insensitive and helps also by holding the hemorrhage in check. After cutting through the skin and fascia the point of the knife should not be used if it can be helped, but the tissues divided preferably with the handle of the scalpel. One of the great points is to keep exactly in the middle line of the neck; another is to be sure that the trachea has been reached, to open it in the middle line and to make a big enough opening. An assistant with retractors will be a great help, but with only unskilled assistance the surgeon will do better to depend upon his thumb and finger placed on the sides of the trachea to separate the flaps of the incision. Retractors may be improvised by bent pieces of wire, or if there is a woman about hairpins may be obtained and bent in to a useful shape.

The main thing is to get a hole in the windpipe and to keep it open. If no tracheotomy tube is available the wound must

be held open in some way until one can be obtained. Here again the hairpin will come into good play; its points bent over will hook back the edge of the tracheal wound, and with one hairpin placed in this way on each side of the opening, and rounded ends may be united by a tape passed around the neck and so a temporarily permanent apparatus extemporized.

If the patient be a child it will be well to roll it in a sheet first of all, for convenience of handling during the operation and to prevent its getting its hands to its neck afterwards. One of the commonest mistakes of inexperienced operators is to be in too much of a hurry to insert the tube; it is always necessary to see first that the trachea is not blocked by blood, membrane or a foreign body, and a little delay will always make it certain that the trachea is really open; not a few operators of skill and experience have mistaken the deep fascia for the trachea and have inserted the tube entirely outside of its proper seat. It will be remembered that a mistake of this kind was made upon the late Crown Prince of Germany, and the unpractised tracheotomist in the light of such an error in high quarters must see the necessity of taking unusual precautions to avoid repeating the blunder.

Emergency tracheotomies may be done under a variety of circumstances, sometimes with all the appliances at hand and again with not even a scalpel within reach. But a jacknife or even a pair of scissors may be made to answer for making a hole in the crico-thyroid membrane, the best point of attack with such implements. There is no emergency where the physician can be of more use than in a sudden obstruction of the air passages, but when he is at hand and the patient dies unrelieved the whole profession must lose credit.—*Northwestern Lancet.*

BROMIDE OF GOLD AND ARSENIC.—Dr. W. F. Barclay writes to the *Brooklyn Medical Journal* for September that he has for three years been experimenting with different preparations of gold. He concludes from his studies that the bromide of gold and arsenic is as useful therapeutically as any other known preparation of gold. Mr. Hays, of Pittsburg, has made a liquor auri et arsenici trimbromidi, of which the standard dose is ten

drops. This dose contains one sixteenth of a grain of the arsenic salt and half that amount of the gold salt. The solution has a beautiful red color. The medicine should be adminstered in about half a wineglassful of water. It agrees well with the stomach and does not tend to produce constipation. The remedy has been used in cephalalgia, epilepsy, and syphilitic mania. Most of the patients have been discharged cured after a month or six weeks of medication. The treatment generally involved three doses daily, and was sometimes ordered to be continued for a time after the patient's discharge.—*N. Y. Med. Jour.*

APERIENT PILL OF SUMBUL: AN EFFICIENT COMBINATION.—Sumbul, or musk-root, is an excellent antispasmodic and nervous tonic. Its action resembles that of musk and valerian. In small doses it stimulates appetite and improves digestion. It allays irregular nervous action and is beneficial in depressed or excitable condition of the nervous system. Sumbul may be very advantageously employed in the treatment of hysteria, neurasthenia, neuralgia, functional irregularity of the heart, restlessness, the insomnia of chronic alcoholism, and nervous dyspepsia. The extract is given in the dose of ¼ to 1 grain. It is essential that it be made from a pure specimen. As most of these disorders occur in neurotic individuals—especially women—with impaired nutrition, a morbidly sensitive organization, dyspeptic difficulties, and sluggish movement of the bowels, I have advantageously, in many instances, associated it with nervine and laxative remedies. The following combination which I have devised is now put up on a large scale by the well-known manufacturing pharmaceutists, Messrs. William R. Warner & Co. Each pill contains:

℞. Ext. Sumbul.....gr. i.
Asafœtida.....gr. i.
Ext. Cascar. Sagrad.....gr. ss.
Aloin.....gr. 1-10.
Ext. Nucis Vom.....gr. ⅛.
Gingerine.....gr. ¼.
M. The dose is 1 or 2 pills.

From a long list of cases in which the above pill proved of value a few examples are selected:

A light complexioned, florid young woman became subject to spasms of hysterical chorea. There were twitching and jerking of the muscles of the forearm and face. Two pills were administered thrice daily with excellent results. The paroxysms gradually became less frequent and at length ceased.

A woman was subject to aching pain in the loins, radiating to the pelvis and groin. Attacks of intercostal neuralgia also occurred; she was weak and often had palpitation of the heart. The patient made a complete recovery.

The same treatment was of marked benefit in the case of a woman who, consecutive to her first confinement, had suffered nearly a year from palpitation, dyspepsia, constipation, mastodynia, headache and giddiness. The action of the heart was rapid and irritable, but there was no organic disease.

A lady, about five weeks pregnant, suffered from an almost constant headache and could not sleep well; was nervous, depressed, weak, dyspeptic and constipated. The pills corrected the state of the digestive apparatus, banished the pains and nervousness, and the patient progressed without special difficulty to the end of her term.—*Abstract of a paper by John V. Shoemaker, A.M., M.D., in the Medical Bulletin for May*, 1893.

TREATMENT OF MUSCULAR RHEUMATISM.—There is no class of painful infirmities with which the country physician has more to do than the myalgias, of which lame lame-back (or lumbago) and pleurodynia are types. Whether they are called muscular rheumatism or muscular neuralgia, makes little difference; it is certain, however, that these myalgias have neither the local signs nor the general symptoms of either typical neuralgia or typical acute rheumatism. By most modern authorities they are regarded as a *myositis* from cold (sometimes from fatigue), *i. e.*, a severe neuro-paralytic affection of the vascular network of the sheaths of the muscles of the part involved.

Prophylaxis consists in avoiding as much as possible exposure to cold and fatigue, and in the use of flannel under-apparel—in the observance of such hygiene as will keep the body in the best trim.

Locally, energetic revulsion by means of mustard poultices

and turpentine stupes always does good, and, generally, the hotter these applications are, the better. Heat more powerfully than any other agent promotes the circulation in the congested capillary network, and the active processes of repair. Rest is above all indispensable.

The relief sometimes obtained from anodyne liaments (belladonna, laudnaum, menthol, chloroform, ether, cocaine) is probably due to a diffusion of the local obtunding effect produced by these medicated liaments on the peripheral extremities of the sensory cutaneous nerves; the remote result often being an inhibition of the pain-centres in the cortex cerebri. Certainly the physician cannot count much on any benefit obtained by the absorption of these liniments.

A recent writer in the Médecine Moderne professes faith in the utility of gentle massage of the affected muscles, and has seen good results from galvanization.

Another remedy which might be used in many cases to advantage is gelsemium. This drug requires watching, but generally two drops of the fluid extract (P., D. & Co.) may be given every two hours to adults, with decided mitigation of the pain and a marked general sedation. It is in torticollis, however, that gelsemium has seemed to do the most good.

It is hardly necessary to speak of phenacetin, exalgin, or analgesin. Where acetanilid dose not help, these will surely fail.

It is advisable for the physician to use acetanilid in its purity, and not depend on any of the compounds (trademarked or otherwise) in the market. He is a weak practitioner who habitually depends on the manufacturing pharmacist to compound his medicines for him or who will administer medicines the composition of which he is not certain of.—*Med. Age.*

The Significance of Vaginal Discharges.—A leucorrhœa inodorous or of mild odor persisting during the climacteric, accompanied by increasing hemorrhage, is suspicious and demands investigation. A leucorrhœa profuse, of peculiarly fetid odor, grumous, excoriating, appearing early or late during the climacteric, with profuse hemorrhage, is reasonable evidence of cancer of the cervix. A leucorrhœa moderate in amount, ill-smelling

(the peculiarly fetid odor of cancer of the cervix being absent), accompanied by hemorrhage, suggests cancer of the corpus uteri. A leucorrhœal discharge with hemorrhage containing material like the washing of meat is said to indicate sarcoma. A watery discharge, as a rule, occurring during menstruation, odorless, or of little odor, persisting, accompanied by profuse hemorrhage, indicates fibroids; with little or no hemorrhage, polypi. Profuse bloody discharges coming on gradually with declining menstruation, ceasing usually with the menstrual flow, point to fibroids. Persistent profuse discharges of blood occurring spontaneously, arising from sudden exercise or coition, occurring, as a rule, after the menopause, indicate cancer. A gradually increasing amount of menstrual flow is suspicious and needs investigating. Post-climacteric hemorrhages in a fibroma of the uterus of long standing form one of the principal grounds for the suspicion of sarcoma (Borner). The early recognition of malignant disease is demanded, and possible prevention of the fatal exhaustion which accompanies it by the administration of drugs, and the application of those methods which, in a measure, may be supposed to offset the terrific drain on the nervous system; inasmuch as present experience shows that early removal of diseased tissue prolongs life, the importance of early diagnosis and treatment can hardly be over-estimated.—*New Eng. Med. Gazette.*

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

CALOMEL IN SMALL DOSES.—In the Berlin letter to the *New Remedies* for September we learn that while calomel is a drug so well known that any reference to its use almost calls for an apology, yet the experience of Dr. C. Chapman of the advantages of repeated small doses of calomel over the usual dosage is worthy of attention. Fractional doses appear indicated in cases of gas-

tro-intestinal catarrh, whether following upon exposure to cold or from improper feeding, where the stomach is intolerant alike to medicine and of food; a similar plan has also been of great service in adults with protracted vomiting, where the more obvious causes for the sickness have been eliminated, and the only additional symptoms have been an independent pain in the hepatic region and an abnormally red tongue. In two illustrative cases quoted by Dr. Chapman, one a child of four years old, the other a woman fifty-four years old, the symptoms were due to catarrh of the upper part of the alimentary tract associated with some hepatic congestion. To the child the following powders were prescribed: Calomel, one grain; sugar of milk, eight grains; to be divided into ten powders, one to be placed on the tongue every fifteen minutes. To the adult the calomel was given in doses of one-sixth of a grain every twenty minutes until two grains had been taken. The earlier beneficial effects of the calomel is probably to be attributed to the germicidal and antiseptic properties of the mercury, as the stomach speedily became more tolerant of food, and the breath lost the odor suggestive of fermentation, before the liver could be acted upon by the drug, though improvement was more marked after the bowels had been acted upon. Gardiner has also exhibited calomel in a similar manner with gratifying results.—*Food.*

WHAT a pretty dimple that boy has," said a lady while visiting a doctor's family, as she patted the hopeful on the head. To which the infant replied: "You think that is a pretty dimple? Well, you ought to see the one on my stommick."—*N. Y. Medical Times.*

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports of cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

Editorial.

THE PAN-AMERICAN CONGRESS.

One of our greatest disappointments was being prevented from attending this important meeting, which as has been announced was held in Washington, September 5th, 6th and 7th, under the presiding care of Dr. William Pepper, of Philadelphia, with the energetic, efficient and most competent Dr. C. A. L. Reed, of Cincinnati, as Secretary-General, to whom if to any one is to be ascribed the unlimited degree of success attending the meeting. The pages of this journal do not afford space in any way adequate to do justice in the most meagre degree to a report of the meeting, and we have gladly availed ourselves of the excellent reports so far published in the leading weekly medical journals of the United States, as affording to some extent compensation for our disappointment in not being able to be present in person. Furthermore, we beg leave to submit to our readers the following extracts as in some way, and to some extent, giving a brief summary of the doings of the Congress:

The N. Y. Medical Record of September 9th, in addition to a well-prepared and carefully edited special report of some twelve pages, has the following editorial in regard to the Congress:

"The meeting of this body, held in Washington during the past week, has, on the whole, been a success. The attendance has been gratifyingly large, nearly nine hundred delegates having registered by the morning of the first day. Of the seventy-two foreign delegates officially appointed, one-half have been present, representing sixteen different countries. The extensive knowledge which many of them possess of the English tongue has been a gratifying surprise. They have all responded in a tone of lofty appreciation of the work of the Congress, and have made a most favorable impression upon their North American confères.

One fault, not to seem ungracious, has been the multiplicity

of the sections. In several instances several have been obliged to combine, owing to the slim attendance upon each singly. The American idea that "bigness is greatness" unfortunately too often creeps into our National scientific bodies. If the work of the Congress could have been condensed into half a dozen sections the results would have been, we believe, more satisfactory and more permanent.

The recommendations of the various sections looking toward the unifying of the medical interests of the two Americas are given in our accounts of the various sessions, They are well worthy of careful attention at the hands of the profession and the officials of our Government.

Undoubtedly the Congress, through its delegates, will do much to further all legitimate measures leading to closer affiliation between the countries represented.

Perhaps the most important point of domestic interest is the proposed enlargement of the American Medical Association, so as to have it assume a Pan-American character. This idea was a novel one to the Congress, but it seemed to meet with a cordial reception, and out of it conditions may arise of importance to the entire medical profession of the Western hemisphere.

To the local committee at Washington too much praise cannot be given. They have even surpassed their previous creditable record in this respect. While many of the officers of the Congress have spent the heated term by mountain and shore, the committee has remained at home and furthered every detail in arranging for a satisfactory meeting. Its success has been without a flaw.

As it usual in all gatherings fathered by the American Medical Association, the New York City representation has been conspicuous by its absence. There has been a fair attendance on the part of the younger men, but the older men have scarcely been represented at all. The reasons for this state of affairs are too well known to require mention here. Is it not time that a different order of things should be brought about?

The social features of the Congress have been gratifying from every point of view, and we are sure that all have lett Washington feeling that the Pan-American assemblage has justified its organization."

The same enterprising and progressive journal in its issue of September 16th, in addition to over thirteen pages of its special report, has also another editorial which we quote in full:

"The meeting of the Pan-American Medical Congress held recently at Washington, marks an era in the history of medicine in the Western Hemisphere, in that were brought together for the first time the representative medical men of the two Americas. We are pleased to note that the arduous endeavors of the accomplished and energetic Secretary-General and other prominent officers of the Congress have been rewarded by such complete success as to numbers in attendance as well as interest in the topics presented. The attendance, despite many adverse circumstances which obtain at this season of the year, was remarkably good, and the harmony of spirit and systematic workings of the different parts of the complex organization does credit to all concerned. It was a difficult and delicate task, on the part of the organizers of the movement, to give each district its proper recognition and representation, but so far as can be seen no one was neglected, while the aggregate number of active participants was unusually large. It was eminently fitting that the President of the United States should open the Congress by a cordial Godspeed for its beneficent work in the interchange of views calculated to minister to the health and consequent prosperity of two great countries. Although the attendance from the Eastern States was not as large as might have been desired, it was sufficiently representative of American medicine to give an idea to our foreign visitors of the trend of American thought and the animus of American work. Nor will we, in turn, be less impressed with the earnestness of purpose, honesty of endeavor, and sound practical suggestions of our distinguished confères.

This meeting will doubtedless be the beginning of a better understanding than ever between the two Americas, which, epidemiologically speaking, are oftentimes so closely connected in a common interest for self-protection against two of the most widespread and destructive of diseases. There was, we are gratified to note, a proper disposition to take the initiative in the way of formulating rules of action in times of emergency, by the establisment of uniform systems of quarantine and such proper health regulations as would best guarantee against the spread of pesti-

lences. The other scientific work was fully up to the standard of the larger conventions, allowance always being made for the multiplicity of miscellaneous subjects and the necessary limitation of time in these presentations. We trust, however, that we have given our readers a full digest of the proceedings in the exhaustive reports which appear in the present issue, and which will be continued in future issues. We thus place on permanent record one of the most remarkable and, we hope, most edifying medical conventions of the year."

The New York Medical Journal of September 9th has an editorial from which we make the following extract, and which is followed by a little more than eight pages of a report of the meeting, the greater portion of which is taken up by the very able address of the President, Dr. Wm. Pepper.

"At the time of our going to press, three of the four days appointed for the sessions of the First Pan-American Medical Congress have passed, and, so far as the reports received at this office enable us to judge, they have been well spent. We feel that we need make no apology for devoting so much space as we do in this issue to an account of the general meeting, deferring our reports of the section work. We give Dr. Pepper's address as president of the congress in full; to condense it or pharaphrase it would be to mutilate it. We feel sure that every physician whom this number of the *Journal* reaches will read the address with satisfaction.

It is well that the countries of the Western Hemisphere, among which there is no longer a monarchy, should approach nearer and nearer to community of interest and aspiration. To the accomplishment of such an end nothing could be more conducive than their forming a closer acquaintance with each other, and no initiative in that direction could be more promising than the one taken by the medical profession—a profession proverbial for its fraternal spirit. The Washington assemblage of physicians from all parts of North America, Central America, the West Indies, and the Hawaian Islands may prove more far-reaching for good than would be imagined by one who viewed it simply as part of the machinery in a discussion of medical matters."

Its issue of September 16th has nearly six pages more devoted

to the Section on Surgery, presided over by Dr. Jno. B. Hamilton, and the Section on Gynæcology under the presidency of Dr. A. F. Currier.

The Journal of the American Medical Association in its number of September 9th publishes in full the following addresses: Wm. Pepper, President; Brigadier-General Geo. M. Sternberg, M.D., Surgeon-General U. S. A., Executive President of the Section on Military Medicine and Surgery; J. Collins Warren, M.D., Executive President of the Section on Pedagogy—subject, "Medical Education in the United States"; C. D. Hughes, M.D., Executive President on Neurology and Psychiatry; E. Fletcher Ingalls, M.D., Executive President of the Laryngological Section; and Jno. B. Hamilton, M.D., Executive President of the Section on General Surgery.

From its brief editorial we make the following extract:

"The Congress is looked upon as the initial step towards cementing the grand brotherhood of American States into commercial and professional union. Political union may not be desirable, but commercial and professional unity of action will develop the Americas as nothing else could develop them. The republican idea, too, will gain new strength throughout the world, as an indirect effect of these periodical exhibitions of power."

In its issue of September 16th we find the following:

"*Pan-American Comments.*—The section meetings were well attended, the papers excellent, and management as good as should have been expected. There were some papers dislocated, but they may easily be placed in proper position when the Transactions come to be printed. The practice of subdividing the general sections into many independent sections, is one the next committee on organization will do well to avoid. There were too many papers in several sections to allow time for intelligent discussion of all of them, and at the close many excellent papers were read by title for want of time to hear them either in full or by abstract.

The American Medical Association having invited its Pan-American guests did its full duty by them. A glance at those in attendance at the sections, showed the familiar faces of the members largely in excess of any others, and to those members the

officers of this Congress confidently appealed for support; that they were not disappointed, the magnificent success of the meeting shows.

It is pleasant to note that soon after the close of the meeting the late Secretary General Reed received a graceful recognition of his untiring labors, at the hands of his associates, and that ex-President Pepper, and the other general officers of the Congress, if not furnished with a silver token, will yet have the affectionate and grateful thanks of their medical brethren, embalmed on the record pages of this now historic Congress.

This number also gives a report of the proceedings of the Section on Military Medicine and Surgery comprising a little more than three pages. It also quotes the following from *The Philadelphia Press*, which we cheerfully reproduce as showing in an humble manner our appreciation of most valuable services of the Secretary-General, Dr. C. A. L. Reed, of Cincinnati.

"Philadelphia, always hospitable to visitors, gave a particularly gracious reception September 9th, to the distinguished delegates to the recently adjourned Pan-American Medical Congress. In the party were nearly 100 medical men, and a few of them were accompanied by their wives. The event of yesterday which will be longest remembered by the delegates was the reception held in their honor at the University of Pennsylvania by Provost Pepper, the trustees and faculties of that institution of learning.

The grounds and building of the University were thrown open to visitors for inspection when they arrived at 3:30 o'clock, and under the guidance of Dr. Pepper they visited every department, lingering longest in the medical and surgical departments whose splendid equipments they much admired. After the inspection of the buildings the members of the party were grouped about the entrance to the library building and photographed. They were then invited inside and a collation was served. When coffee was brought in and cigars were lighted, Dr. Pepper rapped on the table with the handle of his knife and the talking ceased. He stood up; and called for Chas. A. L. Reed, of Cincinnati, to come forward.

Nearly every one except Dr. Reed knew what was about to take place, but he up to that time had been enjoying himself un-

suspiciously. He approached Dr. Pepper in some embarrassment, not divining exactly what it all mean', Dr. Pepper laid his hand affectionately on the shoulder of Dr. Reed and in well chosen words praised the work of that gentleman in bringing about the convention. He gave Dr. Reed a larger share of credit for the success of the convention than any one else, and then he said: "Your fellow-delegates of this convention decided that the occasion should not pass without some expression of our gratitude to the man who has done so much of the work which made it successful, and in order that in future years he and his descendants may remember this Congress we have prepared this piece of plate (uncovering a silver salver) on which was inscribed these words: 'Presented to Dr. C. A. L. Reed, of Cincinnati, O., secretary general, by members of the First Pan-American Medical Congress, Washington, D. C., September 4-8, 1893, to commemorate the brilliant success—largely due to his faithful efforts in its organization—of that important occasion, when, for the first time, the representatives of the medical profession of the Western Hemisphere met in council for the advancement of science and the promotion of public health.'"

Dr. Pepper handed the salver to the surprised secretary general amid the hearty cheers of all the delegates. Dr. Reed said, in accepting it, that a salver was used for handing food and drink to those who are hungry and athirst, and he would always lo k upon this particular salver as being laden with the friendship of his colleagues."

FALLEN FROM GRACE.

The following preamble and resolutions were adopted by the Faculty of the Medical Department University of Tennessee, Nashville Medical College, at a meeting held at the office of Drs. Duncan and Paul F. Eve, September 2, 1893.

WHEREAS, It appears that one E. F. Rose, of Dukedom, Tenn., having complied with the requirements for graduation, received the degree of M.D. from the Medical Department University of Tennessee, Nashville Medical College, in 1892; and,

WHEREAS, It has been made known and positively proven to the satisfaction of this faculty that the said Dr. Rose has so far

forgotton and ignored the principles of honorable medicine as to enter into all manner of advertising schemes to obtain practice, in violation of the Code and professional decency, etc., therefore be it

Resolved, That we, the Faculty of the Medical Department University of Tennessee, Nashville Medical College, censure and condemn the conduct of the said E. F. Rose as unprofessional and injurious to the college from which he graduated to practice medicine and that the dean be instructed to strike his name from the records as an alumnus, and declare him beyond the rolé of professional recognition.

ENLARGED PROSTATE.—True hypertrophy of the prostate is a disease of old age, and one of the troublesome and annoying conditions that but few old men are free from. After fifty-five years of age most men suffer with hypertrophy of the prostate. It seems to be one of the idiopathic conditions of old age. It may always be relieved, and the enlargement rendered less troublesome, by the use of *Sanmetto*, teaspoonful four times a day.—*Charlotte, N. C., Med. Journal.*

WITH THE PURE HYPOPHOSPHITES of lime and soda you can score success time and again. The results are gradual, steady and certain if the remedy is persevered with faithfully, until the cure is complete. None but chemicals of known genuineness and absolute purity should be used. McArthur's Syrup is prepared on the principle laid down by Dr. Churchill. It contains the chemically pure hypophosphites of lime and soda, uncomplicated with other drugs, in a pure and wholesome syrup. If you would like to study this subject more closely the McArthur Hypophosphites Co., Boston, Mass., will send you, free, a pamphlet on "The Treatment and Curability of Consumption."

HERPES ZOSTER.—Dr. Ohmann-Dnmesnil, in the *Quarterly Atlas of Dermatology* for July, states:

"Herpes Zoster, or, as it is more commonly known, shingles,

is an acute disease of the skin, which is primarily due to some changes occurring in the nerves. In the adult there are always some premonitory symptoms in the form of neuralgia, which seems to be intractable in character. This neuralgia effects those areas which are subsequently the seat of the affection. After this neuralgia has existed some time, or days even, the eruption appears. In addition to the neuralgia, malaise, fever, etc., may be present. * * * * * *

The treatment should be both general and local, and Tongaline may be employed during the entire course of the disease, since it seems to have a direct effect upon the neuralgia, and is attended with particularly beneficial results.

Locally the treatment may be summed in two words—protection and anodynes. A powder composed as follows will be found valuable:

℞. Pulv. Camphoræ.....½ oz.
Talc. Veneti.....1 oz.
Cretæ Preparat.....1 oz.

This should be freely dusted on the affected part and the whole covered with cotton batting."

From Kinmundy, Ills., J. D. Cammerer, M.D., writes under date of May 28th., 1893: "My favorite mixture for pain in grip, neuralgia, rheumatism, etc. is:

℞. Antikamnia.....gr. 3 to 5
Sulph. Quina.....gr. 2
Sulph. Morph.....gr. ⅛
M. ft. Chart No. 1.

I use Antikamnia in all shapes, but this is my "sine qua non" as an all round mixture."

For Migraine.—

℞. Caffeine Cit.....℈j.
Neurosine.....℥ij.
M.
Sig. Teaspoonful every hour until relieved.

HELONIA TABLETS are highly recommended by practical physicians for the relief of leucorrhœa and other vaginal discharges. See the formula and advertisement in this number and send for samples and literature to *North Chemical Co.*, 116 *John St., New York City.*

A VALUABLE REMEDY FOR MANY MENSTRUAL DISEASES.—

℞. Antipyrine ..... ʒj.
Dioviburnia ..... ʒ vj-viij.
M.
Sig. Teaspoonful three or four times daily.

PAPOID IN CONSUMPTION.—Knowing the power of papoid to destroy germs in ulcers and on open surfaces, I have employed it in ozæna, ulcers of the larynx, and in ulcers and cavities in phthisis pulmonalis. I have used the drug, first by insufflation, but latterly by using the glycerole of papoid by the atomizer. Since the eight months of trial I have been more and more convinced of its efficiency in the lesions named.

The treatment followed is:

First. Bromide of gold and arsenic internally, ten drops in water before meals.

Second. Depress the tongue that the spray of papoid may thoroughly reach all parts of the larynx.

Third. Cause the patient to breathe deeply that the drug may reach all parts of the bronchioles.

Fourth. Employ the spray for at least ten minutes at each sitting.

Fifth. Use the spray morning and evening.

If there is no ulcer the papoid can do no good used as a spray. To obtain the best results the glycerole of papoid should be diluted with an equal amount of alcohol.

When papoid is used as a digestive ferment in cases of consumption where there is debility, weak digestion, and the suspicion of congested mucous patches, the drug should not be given in concentrated form, lest it dissolve the weakened tissues. In that case incorporate the papoid with the food before it is eaten.

Sometimes it is better to partially prepeptonize the food.—*E. A. Wood, M.D., Ex.-Chairman Com. on Dietetics of the Am. Med. Association, in Pittsburgh Med. Review.*

CACTINA PILLETS.—I am glad to state that I have formed a high opinion with Cactina Pillets. One case in which I tried them was an old gentlemen who has been suffering for years from valvular disease of the heart, and who for over four years has never been able to leave off taking some form of heart tonic. Latterly he had been taking strophanthus, but a month ago it brought on diarrhœa and we had to leave it off. Digitalis he could not take and having tried strychnia and various other remedies without doing any good I resorted to Cactina Pillets. I gave him a bottle of 100 pillets, and marked improvement resulted, and since then he has taken more. He himself says he is stronger and better than he has been for years, for proof of which is that he can now walk about his grounds, whereas, he formerly had to be wheeled in a bath chair. One my favorite prescriptions is the following:

℞. Cactina Pillets.....20
Ammon Carb.....30 grs.
Spts. Chloroform.....1½ drs.
Tinct. Columbæ.....2 drs.
Aqua q. s. ad.....8 oz.
M. Sig. One ounce three times a day.

T. GORDON KELLY, M.D., A.B., etc.
The Priory, Desford, Leicester, Eng.

DR. Geo. P. Blundel says: I am very much pleased with your Elixir Three Chiorides, R. & H., and hope you will continue it up to its present standard. I am satisfied that an intelligent use of it by physicians will give most excellent results.
Yazoo City, Miss., September 5, 1893.

BROMIDIA is justly recognized as one of the standard preparations of the day, and as a true nerve sedative it is unsurpassed by any single remedy or combination.

PAPINE contains the anodyne principles of opium; the narcotic and convulsive elements being eliminated.

Reviews and Book Notices.

A TREATISE ON OPHTHALMOLOGY FOR THE GENERAL PRACTITONER. Second edition, revised and enlarged, with 140 illustrations, by ADOLPH ALT, M.D. 8 vo., cloth, pp. 346, mailed post-paid to any address on receipt of price, $3.50. J. H. CHAMBERS & Co., Publishers, 914 Locust St , St. Louis, Mo. 1893.

The first edition of this excellent work, written for the use of the general practitioner, a few years since, is now followed by the second edition, in which the needs of the general practitioner are still of first consideration.

It is greatly enlarged and newly illustrated in order to meet the requirements of the day. The minute details, of possible interest only to the specialist, are omitted to give place to a practical and comprehensive exhibit of the principles of ophthalmology and practice most necessary to be known and observed by the general medical practitioner, to whom it is a guide which, if closely followed, will point out when and how the eye may be safely and successfully treated by physicians who are not specialists but general practitioners. To the student of medicine the book will be more useful than others of larger size and full of embarrassing details. To the medical library the work will prove a reference book of incalculable value. Its practical character makes it at once a necessity and a pleasure to possess. The illus trations are excellent and instructive, and the general make-up of the work leaves but little if anything to be desired by the general practitioner or student of medicine.

OUTLINES OF PRACTICAL HYGIENE. Adapted to American Conditions. By C. GILLMAN CURRIER, M.D., Visiting Physician to New York City Hospitals; Fellow of the New York Academy of Medicine; Member of the New York Pathological Society; Member American Medical Association, etc., etc. 8 vo., cloth, pp. 468. Illustrated, price $2.75. E. B. TREAT, 5 Cooper Union, New York, Publisher. 1893.

The intelligent and scientific utilization of all known means for prolonging life and preventing diseases has become a spec-

ialty in itself. "Preventive Medicine" is not only to be the "Medicine of the future," but it is fast becoming the "Medicine of to-day."

Recognizing this fact, and in response to a large and growing demand, we call especial attention to the above indicated volume, which upon investigation will be found to embody the results of the most profound research. It is by far the most recent, scientific, agreeably written and practically instructive, of all the existing books on the subject.

Although a practical sanitarian, the expert specialist, the author before permitting the book to be issued, submitted his manuscript to the careful criticism of experts in the various departments of the great field which the book covers. We accordingly commend it emphatically as a volume fully abreast of the times, in which accepted truths only are admitted and opinions advanced in accord with leading thinkers and workers.

The book embodies much matter based on the most recent American and European literature that no one can afford to dispense with, who cares to keep in touch with the scientific progress of the day.

A Manual of Medical Treatment or Clinical Therapeutics. By I. Burney Yeo, M.D., F.R.C.P., Professor of Therapeutics in King's College, London. In two 12mo. volumes containing 1275 pages, with illustrations. Complete work, cloth, $5.50. Philadelphia, Lea Brothers & Co. 1893.

In this work disease is studied from the standpoint of treatment, the rational indications for therapeutics being reached through an explanation of the causation and phenomena of disease and of the properties and mode of action of the agencies available for alleviation or cure. The work is rich in selections of formulæ used by well-known physicians.

In Volume I. Diseases of the Organs of Digestion, the Heart, Blood-vessels, Blood and Ductless Glands, and of the Organs of Respiration are considered.

Volume II. comprises Phthisis Pulmonalis, Diseases of the Liver, Urinary and Renal Affections, Diseases of the Nervous System, Constitutional Diseases, and Specific Infective Diseases.

The teaching of therapeutics is approached from the side of

disease and not from the side of the drug or remedy—a more rational method than usually adopted in therapeutical works.

A CHAPTER ON CHOLERA FOR LAY READERS: History, Symptoms, Prevention, and Treatment of the Disease. By WALTER VOUGHT, Ph.B., M.D., Medical Director and Physician-in-Charge of the Fire Island Quarantine Station, Port of New York; Fellow of the New York Academy of Medicine, etc. Illustrated with colored plates and wood-engravings. In one small 12mo. volume, 110 pages. Price, 75 cents net. Philadelphia: THE F. A. DAVIS Co., Publishers, 1914 and 1916 Cherry Street.

This little work, while intended for non-professional reading, will afford any medical man valuable and reliable information. It embraces a very satisfactory history of the disease in America and elsewhere, its causes, treatment and prevention. The near approach of the disease at this time should occasion a very active demand for such a practical and instructive book in which so much is embodied in small compass.

STERILITY IN WOMEN AND ITS TREATMENT. By DR. DE SINETY; Translated by E. P. HURD, M.D. (Physician's Leisure Library Series.) 12 mo., paper; pp. 130, price 25 cents. GEORGE S. DAVIS, Publisher, Detroit. 1893.

A very excellent little monograph, the author of which is a well-known continental authority on obstetrics and diseases of women, and the author of a popular text-book on gynecology that has run through many editions. The work of the translator is well and carefully executed.

ROBT. LOUD has an attractive advertisement in this number to which we desire to call the especial attention of our readers. If you want anything in the musical line, call on or communicate with him by mail. He will be found in every way reliable and his stock of the very best to be found in any market.

LISTERINE is a well-proven antiseptic agent, especially useful in the management of catarrhal conditions of the mucous membrane; adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of preventive medicine—individual prophylaxis.

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DEERING J. ROBERTS, M.D., - - *Editor and Proprietor.*

Vol. XV. NASHVILLE, NOVEMBER, 1893. No. 11.

Original Communications.

PERSONAL EXPERIENCE IN OBSERVING THE RESULTS OF GOOD AND BAD SANITATION IN THE CONFEDERATE STATES ARMY.*

BY BEDFORD BROWN, M.D., OF ALEXANDRIA, VA.

President Southern Surgical and Gynæcological Association; Ex-President and Honorary Fellow Medical Society of Virginia, Etc.

During the first two years of the late war, the laws of hygiene were greatly neglected in the conduct of the army of the Confederate States. As a result of this neglect of the common laws of health, there was necessarily an enormous amount of disease and a high rate of mortality. This neglect of proper sanitary arrangements were not so much due to a want of intelli-

*Read before the Section of Military Medicine and Surgery of the Pan-American Medical Congress in Washington, D. C., September 6th, 1893.

gence or scientific knowledge or a sense of their necessity, as to the unusual state of confusion incident to a condition of revolution in its incipient stages, and also to the general prevalence of the idea that the war would be a brief one. But as time rolled on, and the war assumed larger and more gigantic proportions, and the end appeared more distant, the necessity of systematic attention to hygienic affairs grew more apparent as a means of maintaining an army in full force and vigor for prosecuting a great war. Hence, military hygiene as the war advanced became more and more a part of the army organization, and the inevitable result was not only an improvement in the health of the soldier, but an improved capacity on his part to withstand hardship, exposure and privation.

In the commencement of this paper, I desire to show you that an army located in the most salubrious climate, in a position of great altitude, with abundant supplies of clear spring water, surrounded, apparently, by circumstances the most favorable to human health, from want of proper attention to the laws of hygiene, may become infested with the most deadly epidemic diseases.

In the autumn of 1861, an army consisting of about 17,000 Confederates, under General Robert E. Lee, was stationed for two or three months under circumstances of this kind on the summit of the Alleghany range, in West Virginia, in front of General Rosecranz. The position of General Lee was regarded as peculiarly favorable to health, and as apparently free from all septic influences, having a surface drainage that was perfect. But notwithstanding all these natural advantages, this army was desolated by malignant diseases, as typhoid fever, septic dysentery, and pneumonia. All cases of whatever kind rapidly assumed the typhoid type, indicating the gravity of the septic influence. In this army of about 17,000, there were at least 4,000 cases of disease, with an enormous mortality. We ascertained that the cause of the epidemic was purely excrementitial in character.

The entire army had been, in the absence of all sanitary arrangements, permitted indiscriminately to use the surface of the earth surrounding the camp for the deposit of the excreta of the sick and the well. This excrementitial matter was washed daily

by copious rains into the springs and fountains of our water supply, and was a constant source of pollution. The water as it gushed from the mountain valleys was beautifully clear and deliciously sweet, but when tested was found to contain a large amount of organic matter.

In this connection I will cite another incident illustrating the results of prompt and thorough attention to the laws of hygiene in an army suffering from serious septic disease, caused by unfavorable surrounding influences. During the months of August, September, and October, in the year 1862, in which the temperature ranged very high, the brigade of which I was senior surgeon was stationed at Drewry's Bluff, on James River, Virginia, after the great Seven-Days' battle around Richmond. The locality was an open, flat, badly-drained country that had been previously occupied by troops, and much of it was literally covered with human and animal excreta, which had from surface drainage been, from time to time, filtered into the drinking fountains. Within a week, during this intensely hot season, an epidemic of typhoid fever, dysentery, and diarrhœa was developed that threatened seriously to decimate the command. A large force of men were detailed daily with suitable implements, and not only the camp and surrounding country were thoroughly cleaned, but the springs and streams were also cleaned and purified and kept in a scrupulously cleanly condition, and in addition, ample privy vaults were excavated at a distance below the level of the water supply. Within a reasonable period, by means of these sanitary measures, this epidemic was effectually arrested, and the brigade became a model for healthfulness.

The systematic and practical hygiene of camps and armies is an interesting and vital question. It is the very foundation of strength and efficiency of an army. It has fallen to my lot to observe and attend an army without proper hygienic advantages, and to see its crippled, dejected, spiritless, disorganized, inefficient condition, and to compare it with an army whose state of hygiene was strictly attended, and to observe the vigor and force of mind and body, the dauntless spirit, the endurance of hardship and exposure of its soldiers.

At this stage of our progress I propose to present for consideration my personal experience in the Confederate service in the

practical methods adopted for improving the sanitary condition of camps and promoting the health of armies.

In the preparation of this paper I have endeavored to discard all theoretical ideas and adhere strictly to facts based upon my own personal experience.

In considering the hygiene of armies, there are three subjects which must elicit our constant interest and study: (1) the condition and the quality of the *water we drink;* (2) the *air we breathe,* and (3) the *food we consume* and its methods of preparation.

In the Confederate service, experience proved that an army in motion or active service enjoyed better health, and had a smaller death list from disease, than one stationary in quarters. Even with the most scrupulous attention to hygiene, there is an accumulation of a certain amount of *debris*—vegetable, animal, and excrementitial—that pollutes the common carriers of disease germs—water and air—of a great stationary body of men.

Then, again, day and night a stationary army is constantly inhaling an atmosphere that has passed through the lungs of thousands of healthy and diseased men an innumerable number of times.

Another reason is, an army shut up in quarters suffers for want of active physical and mental exercise. On the other hand, an army in motion has the advantages of breathing a fresh air every moment while in action. It has also the advantage of drinking from fresh, unpolluted fountains of water. There is no accumulation of *debris* to contaminate either.

Furthermore, the functions of digestion, assimilation, and nutrition are promoted by active physical and mental exercise.

Finally, active mental and physical exercise is always cheering to the spirits of an army. The corps of Stonewall Jackson, though almost constantly in motion, subjected to all the hardships, exposure, privations, and fatigue incident to long and forced marches, presented the smallest sick list and bills of mortality of any corps in the Confederate Army. These important facts teach us a lesson in military hygiene that is of value.

In devising and executing my sanitary arrangements for the protection of the health of that portion of the army under my immediate medical supervision, when in quarters or stationary, I

endeavored, as far as practicable, to imitate an army in motion. In other words, I directed scrupulous attention to cleanliness, changing the location of tents and quarters every twenty-four hours in warm seasons, and to cleansing the fountains of our water supply every twenty-four hours, so as to insure pure air and water. I discovered by practical experience that an army employed was far more healthy, happy, and contented than one in idleness. Idleness breeds disease, discontent, and death.

My habit was, when I found my sick list increasing, to advise all hands, except the sick, to be put to work. It was not material what kind of work, so that it gave employment to mind and body. I had a splendid regiment of Southern young men under my charge at one time in 1861, which suffered fearfully from the effects of nostalgia, or *homesickness*. They had never been from their homes except at brief periods; and while stationed in quarters the effects of *homesickness* became truly disastrous and alarming. These young men, the pets of their families and the life of their comfortable homes, in camp life would absolutely sink down into a state of listlessness and apathy, with the entire loss of spirits, hope, appetite, and ambition, and would fall an easy prey to all the diseases of army life.

It was ordered that every man in this regiment daily, from morning till night, be put to work with axes, hoes, rakes, cleaning up camp, changing the location of tents every day, cleaning up fountains, draining swamp lands, chopping and hauling wood, and very soon the good effects on mind and body were marvellous, When there was no work I studied to make work, and I was amply repaid.

I will here present my method of camp hygiene in detail, but as briefly as practicable.

The absorbent powers of the earth's surface, occupied as a camping ground by a large body of men, and covered by tents, so as to intercept the rays of the sun, are simply enormous. Under these circumstances, the earth absorbs rapidly the exhalations of the human body and the germs of disease, and then in turn exhales them, to be again inhaled. The earth, under a house-tent occupied by from four to six men, will absorb sufficient effluvia in a few days to poison the earth and atmosphere under those tents. On entering the door of one of these tents

in the morning at sick call, the atmosphere will be found disgustingly fetid and offensive. The house-tent, when its sanitary condition is neglected and permitted to occupy one position for days and weeks, is responsible for an infinite amount of disease; but at the same time, by proper sanitary care, it can be made not only comfortable, but wholesome. In this particular, I suggested a rule that was ever afterwards carried out rigidly in our command, and resulted in infinite improvement in the health of soldiers. In hot seasons, every tent was struck after breakfast, and in cold seasons twice every week, its location thoroughly cleansed, and the tents placed on the streets, and the former sites exposed to the action of the sun's rays and the atmosphere for twenty-four hours. In this arrangement a a double purpose was accomplished—the one hygienic, the other to give useful employment to the soldier. All *debris* collected was carted off and burned. so that no cause for septic influence should remain. The next day the entire process was reversed. By the rigid practice of this system our air and water were preserved uncontaminated.

The second rule in importance adopted was the punishment of every man who used the the surface of the earth for the deposit of excreta, instead of the privy vaults always located below the level of our water supply and at a distance from camp.

The excreta of all ill patients with typhoid fever, pneumonia, dysentery, diarrhœa, and measles was deposited in boxes filled with dry earth, to be carted off to the privy vaults twice daily. For the disinfection and deodorization of excreta, I found the dilute sulphuric acid, when obtainable, efficient, and the the whole covered with dry earth. At the same time, all horse stables and cattle pens were invariably located at a distance from, and below the level of our water supply. By these sanitary arrangements we slept every night upon fresh ground; we had pure water for drinking purposes, and pure air for breathing purposes. We had a clean encampment—almost as clean and sweet as a fresh camp of an army in motion, and we had ample exercise for mind and body. By this unremitting attention to the laws of health, our command became a model of healthfulness and cleanliness. I became convinced that nothing but the direct action of solar light and heat were capable of destroying the infectious exhala-

tions of the human body, either sick or well, when absorbed by the earth's surface, on which these bodies habitually repose. I found that at least twenty-four hours' exposure was necessary to accomplish this object.

I instituted a series of simple experiments to test this matter. When each tent was struck a small portion of earth in its enclosure was excavated to the depth of two inches, and when applied to the nose after a tent had been erected for several days, was always found to give forth a more or less offensive odor. The action of solar heat and light invariably dissipated these unpleasant odors.

Education, intelligence, refinement among soldiers exert a marked sanitary influence over their general health. The Confederate Army was composed of companies and regiments of the most opposite extremes in these particulars—some educated and refined in the highest degree, while others were steeped in the profoundest illiteracy and ignorance. To reconcile these diverse elements was a difficult matter. There was far less disease among the educated and refined than among the opposite classes. The former resisted the attack of disease more certainly, and recuperated from its ravages more readily. A company of soldiers, who made their signatures to the pay-roll largely with cross-marks, was sure to suffer much from disease.

The educated had more pride, self-respect, good taste, and ambition in attending to all the hygienic laws of life, and in the preparation of more palatable, digestible, nutritious varieties of food; while the illiterate volunteer could not be made to comprehend the dangers of dirt and filth, or the importance of cleanliness in all things pertaining to health and life. Neither could his dull intellect understand why one method of preparing his food should be more conducive to digestion and health than another. He burned his bread and fried his food saturated with grease, and suffered from indigestion, colic, and diarrhœa, but was ignorant of the cause.

In the practical hygiene of armies, a question of vital importance is the disposition of all excrement, human and animal, so as to prevent pollution of air and water. This is eminently true of the excreta of patients with typhoid fever, dysentery, and diarrhœa.

In the Confederate service, I at once saw that the more scrupulous attention that was paid this subject the better the health of the command; and as certain as it was neglected the army suffered in proportion with septic disease.

After one of the great battles around Richmond, in the heat of summer, my brigade was assigned to a location covered with human and animal excrement, and in twenty-four hours there were hundreds of cases of septic diarrhœa.

In military as in civil life, it is surface drainage that polutes our water supplies, and therefore, in armies and camps there should never be permitted accumulations on the surface of vegetable, animal, or excrementitial material. In my own experience I found that absolute cleanliness of a camp was always practicable by excavating privy vaults at a distance located below the water supply level and the rigid enforcement of their use by the men.

The artesian well from one to three hundred feet deep, if practicable, furnishes probably the most certain protection to drinking water against the contamination of surface drainage. It is my opinion that the artesian well sunk rapidly by the modern facilities for constructing such means for drinking water in camp would be a step in the direction of economy in the health and life of an army.

During the winter and spring of 1862, I was placed in a favorable position to observe the diseases of the volunteer recruits, and the best methods of preventing their extension. During these five or six months I acted as Surgeon of the Camp of Instruction near Raleigh, N. C. In that space of time some ten thousand volunteers under the conscript law passed through the camp. Of these about four thousand contracted measles. I found that when a recruit had measles and was retained in camp or sent to the front, he invariably passed through one or more of the sequelæ of the disease, as diarrhœa, dysentery, bronchitis, pneumonia, and not unfrequently typhoid fever. So that he was either on our hands as an invalid, or, in the process of disease, finally died. To prevent those untoward consequences, and for the purpose of breaking in upon this chain of morbid tendencies, I determined to suggest a universal system of furloughs for every man who had passed through an attack of measles of from

two to three weeks. Consequently during this period there were furloughed from this camp more than three thousand soldiers, and the results were admirable. This method had the effect of absolutely correcting the evil. The disease consequent to and traceable to measles cost the Confederate Army the lives of more men and a greater amount of invalidism than all other causes combined; and if this method of general furloughs could have been adopted after an attack of this disease, it would have resulted in preventing a vast loss of life and time, and would have proven a decided means of economy.

In the month of February, there appeared in this Camp of Instruction an epidemic of cerebro-spinal meningitis that threatened at one period to disorganize the camp. The type of the disease was so exceedingly malignant as to prove fatal in three-fourths of the cases in opposition to the most approved method of treatment then known. It appeared first in a company of recruits who came from a certain county in the State of North Carolina, where the disease had been prevailing as an epidemic, and then rapidly extended to other recruits in the camp. The disease appeared in several different forms, as the comatose, the convulsive, asthenic and collapsed, and the ataxic types. The course was usually rapid when fatal, and the few cases that recovered convalesced slowly, and ever after remained unfit for military life. How to prevent the extension of this epidemic, more fatal than Asiatic cholera, became a serious problem for solution.

In relation to the prevalence of this epidemic and its peculiar history, I desire here to note two important points. One is that the disease was imported from a section where it had previously prevailed, and that it was eminently infectious. All recruits who came in contact with these patients suffering with the disease from this infected district contracted the disease. Even those inhabiting tents in the vicinity of the sick contracted it.

The second point is, that by a rigid system of quarantine, or in other words, prompt separation of the sick as soon as attacked, and their absolute isolation in a camp at a safe distance, were the only means capable of arresting an epidemic more fatal than Asiatic cholera.

Occupying only a secondary place to measles, diarrhœa was the

bane of the voluntary recruit of the Confederate Army. Nine-tenths of all new recruits suffered from an attack of diarrhœa. While these attacks were not in themselves fatal, they were the cause of a large amount of invalidism, and laid the foundation for other diseases that were fatal.

How to prevent these cases of camp diarrhœa, and render the acclimatization to camp life easy and healthful, was a serious question of hygiene. The new recruit, when he entered the army, left behind him his accustomed system of diet and took up a new one, entirely and radically different. He left a mixed diet, vegetable and animal, and a fair method of preparing it, and took one largely animal, usually very badly prepared, which was resented by his digestive organs. He left an animal diet cooked in the boiling pot, the baking oven or the stew-pan, and substituted the frying-pan for all of these.

The undisciplined Confederate naturally sought the quickest and readiest method of cooking his meals, and that was by the frying-pan. This culinary utensil cost the Confederate Army a vast amount of invalidism and indirectly many lives. It would ruin any army.

But as time wore on and the mind of the soldier gained wisdom by experience, the stew-pan was substituted for the frying-pan, and then animal and vegetable food, when obtainable, were prepared together into a mass that was not only more savory, but far more digestible and wholesome, and then much of this diarrhœa became a thing of the past.

My experience in the treatment of the wounded, of infectious cases, as gangrene, erysipelas, typhoid fever, pyæmia, in hot seasons, under tent-flies alone, in high, dry locations, under shady groves, where the breezes had full sweep, was far more favorable in result than in crowded hospitals or tents.

Crowded hospitals, either in houses or tents, are the hot-beds for the culture of the infectious germs. When practicable, the wounded of an army should be placed, in hot weather, under tent-flies, or simply under the shade of trees in clear, warm weather. I have thus treated infectious diseases, as typhoid fever, erysipelas, gangrene, with far better results than in crowded hospitals. On one occasion, while treating some thirty cases of typhoid fever in houses, the cases proved very intractable, and

several were fatal. These patients were removed to a large grove, under the cool shade of which they enjoyed the refreshing breezes, while at night they were protected by tent-flies, and the earth around kept scrupulously clean, and the results were excellent.

[In reproducing from that most excellent of my exchanges, *The Virginia Medical Monthly*, the article of one of the most careful Southern medical observers, one who is known only to be most highly esteemed and loved, I may be duplicating reading matter in the hands of some of my subscribers, but the field occupied by Dr. Edwards' journal and this, are so essentially different that I feel justified in placing in my "*Original Department*" an article that had appeared in a contemporary publication.

Without even so much as hinting at a disparagement of the circulation of *The Virginia Medical Monthly*, which I know to be quite extensive, I know that there will be many who might perhaps have missed seeing this so eminently practical a production had I not given it space here. I regard it as too valuable, too creditable, far too estimable, to have occupied a position other than the most prominent in a publication of mine. I have other articles that have for so long been waiting in my editorial desk a time and an opportunity for appearance in these pages, that nothing but pressing duties have prevented my apologising in person, or by correspondence, to their authors for this delay and seeming neglect; and while they are good papers, essays, and reports, none are so worthy as the article of Dr. Bedford Brown.

These lines may seem unnecessary, but if they will serve the purpose of attracting the attention of one single practicing physician to the graphic delineation of such valuable "*Personal Experience*" I shall be will pleased indeed. I may at some future day, time and space permitting, presume to make some editorial comments on occurrences that are only too vividily recalled to mind.—*Editor Southern Practitioner.*]

CHOLECYSTOTOMY.*

BY PAUL F. EVE, M.D., OF NASHVILLE, TENN.,

Professor of Principles of Surgery, and Operative and Clinical Surgery in the Medical Department of the University of Tennessee.

This operation is for the purpose of making an incision through the abdominal wall into the gall-bladder, for the removal of gall-stones, or the relief of dropsy of the gall-bladder, or empyema. It also opens an avenue through which gall-stones can be removed from the various ducts, or stricture of the same can be treated.

This operation is one of modern invention, having been introduced within the past few years. About 1733 Petit paved the way for operative procedure by the suggestion of dealing with certain disorders of the liver by surgical means, and such men as LeDran, Morgagne, Good, Handfield, and others, referred to the operation as justifiable and practicable. The first recorded operation appears to be that of Dr. Bobbs, of Indianapolis, in 1867; but to J. Marion Sims, we are indebted for the various steps in the procedure of the now modern operation.

Before entering upon the diagnosis, we will for a few moments consider the consequences and effects of gall-stones, and thus draw a conclusion as to whether we are justifiable in the performance of this operation, and as to whether we are not culpable in the greatest degree, if when recognized, we do not remove them. These effects are various and often very dangerous.

First. They may remain in the gall-bladder stationary, and cause but little or no inconvenience, having been found in autopsies when no anticipation of their existence had ever presented themselves; yet, at any time they may be the source of great pain by their passage through the ducts, or result in suppuration, abscess, or fistulous openings. Secondly: They may be arrested in their

*A paper read at the meeting of the Tri-States Medical Society of, Alabama, Georgia and Tennessee, held at Chattanooga, Tenn., October 17 18 and 19, 1893.

passage through the ducts, and thus act as plugs or obstructions; jaundice of a greater or less degree manifesting itself, depending on complete or partial obstruction. Thirdly: They may become encysted, giving rise to inflammation, suppuration, softening and degeneration of neighboring tissue, resulting in fistulous openings through which the stones may escape; or pyæmia, under which the patient is very liable to succumb; and, fourthly; They may safely pass into the intestines, where as a general rule they pass through and are voided at stool; yet, by becoming interrupted in their passage, they may increase in volume and produce intestinal obstruction. Dr. Murchison mentions a case in which the calculus fitted the bowel like a cork, producing fatal obstruction. Or they may beentangled in the pouches and angles of the intestines, and have been known to be arrested in the vermiform appendix, perforation from which the patient dies. Now, from the above remarks, I believe I will be sustained by all present, that in every case where their presence is detected an operation should be deemed imperative.

In the diagnosis of gall-stones great care should be taken, a full history should be minutely gotten and symptoms closely watched. They occur much more frequently in women than in men, and especially after the fortieth year; although they may occur in adolescence, and have been met with in children. For surgical convenience they have been divided into two classes, the solitary and multiple; sometimes only two or three in number and of large size, or more numerous, aggregating at times one hundred or more stones.

The symptoms generally present, are a dull pain in the hepatic region with occasional fits of shivering, accompanied with heat and swelling; very closely resembling an attack of ague. Sometimes the pain is very sharp and referred to the seat of the gall-bladder or lower margin of the liver. Fullness of the gall-bladder at times may be felt, and a peculiar crackling sensation indicative of calculi perceived by the tips of the fingers, and a large stone may sometimes be made out pretty accurately. If numerous, they may occasionally be recognized by the stethoscope if pressure of the gall-bladder is made at the same time. Fits of biliary colic are not as a general rule difficult of diagnosis; the sudden pain, aggravated in paroxysms, attended with

shivering fits two or three hours after meals and referred to the right hypodochondric region are characteristic. The diagnosis being later confirmed by jaundice and the detection of the stones on palpation, etc. It will be well, however, for us to bear in mind that in some cases jaundice never arises as a symptom.

The following diagnostic points are very valuable in the location of stones. If in the ductus communis choledochus, there will be distended gall bladder, enlarged liver, jaundiced skin and eyes, saffron or black colored urine, pipe clay stools, rigors, flatulent dyspepsia, vomiting or nausea, hepatic tenderness and spasmodic pains. If in the hepatic duct, there will be all the above symptoms except the first. If in the cystic duct, there will be present only the following symptoms: rigors or chills, flatulent dyspepsia, vomiting or nausea, hepatic tenderness and spasmodic pains; and if the intra-hepatic ducts are obstructed, there will be of the above symptoms only vomiting or nausea, hepatic tenderness and spasmodic pain, and possibly jaundice.

In the case of numerous gall-stones the gall-bladder is never distended, or very seldom so, or to anything like the extent or length of time, as in the solitary stones; the reason being, that, as a general rule, in the case of numerous stones they are almost always small and irregular in size and shape, enabling their passage through the duct, and at the same time allowing an escape of bile along side of them. Thus, a tumor formed by a distended gall-bladder may be discovered early one day, and may entirely disappear before the next examination, the patient being found to pass the small ones in large numbers, each stone in its passage causing terrible agony.

An important aid in diagnosis may be found in recognition of the diagonal line, in the direction of which the gall-bladder enlarges, viz.: from the normal position of the larger end near the tip of the cartilage of the tenth rib on the right side to the opposite side of the abdomen, crossing the middle line slightly below the umbilicus. Finally, some surgeons have advised a preliminary sounding by means of a needle. This practice is however condemned, not only as uncertain, but extremely unsafe; an extensive examination of the gall-bladder with a needle being much more dangerous than an exploratory incision.

The affections for which biliary colic may sometimes be mis-

taken, are painful affections of the stomach and intestines, renal colic, and aneurisms of the abdominal aorta and hepatic arteries. From the first of these, it may be distinguished by the prompt relief given by vomiting. From renal colic by blood discs, or decided blood in the urine, and also by the drawing up of the testicle. From aneurisms by the generally noticed tremor, pulsation and murmurs.

The modern operation of cholecystotomy is performed in several different methods. The most successful operators for this affection claim that amongst all the many advances which abdominal surgery has undergone, none are so certain, nor so free from risk and so brilliantly successful, as the surgical treatment of gall-stones. Operations are, however, more successful in those cases in which jaundice is not present, as the bile in the blood depresses the patient's forces, and renders the bleeding more profuse. Various incisions have been recommended, such as an oblique one parallel with the ribs, but the great majority of operators, (with whom I agree), prefer a vertical wound.

The following are the rules which should be carried out: If the tumor is outlined, an incision should be made in the long axis of the swelling ; if however, no swelling exists, the position of the hepatic notch having been felt, an incision of from three to four inches is made from the margin of the rib directly over it and carried almost directly downwards. Cut now carefully through the various textures until the peritoneum is reached; seize this membrane between two pairs of tissue forceps and gently pull it backward making an incision into it between the forceps large enough to introduce the finger. Search now for the gall-bladder, and having found it, bring its fundus towards the wound and hold it in this position with a pair of forceps. It is at this point that surgeons differ, some preferring to stitch the gall-bladder to the peritoneum and allow adhesions to take place before opening it; while the vast majority recommend immediate opening. In this latter method soft sponges are packed around the gall-bladder before opening it, so as to prevent bile and other fluids escaping into the peritoneal cavity, If the gall-bladder is distended it is tapped and emptied of its fluid; if not distended, it is laid open by a pair of scissors to an extent sufficient to get a finger in, the edges of the wound seized by forceps and all bleeding vessels secured.

The bladder is now explored, and by means of forceps, or a scoop, all stones are removed. If stones are found impacted in the ducts, they may be removed by forceps or broken up by a needle. After the stones have been removed, a continuous suture is applied so as to accurately unite the edges of the wound of the abdominal wall to the edges of the wound of the gall-bladder; the two peritoneal surfaces being carefully adapted to each other. An India rubber drainage tube is placed in the wound and allowed to remain for six or seven days; at the end of which time, as a general rule, it is found possible to remove both the tube and the stitches. Upon the removal of these, provided no stones have been overlooked, the wound will be found to heal very rapidly. In case the wound reöpens, and bile and mucus escapes from the gall-bladder, the remaining stone which occludes the passage must be dealt with.

The following points are worthy of our special attention:

No part of the gall-bladder should be cut away under any circumstances, as troublesome hemorrhage may occur. Great caution should be used in an attempt to dislodge stones impacted in the neck or ducts of the gall-bladder, or those encysted in its walls, lest perforation take place and bile allowed to escape into the peritoneum. If stones are adherent to the mucous membrane, delicate manipulation is imperative, lest laceration of the cyst wall should take place. And, in conclusion, no attempt should ever be made, as suggested by some, to close up the incision in the gall-bladder so as to return the viscus to the abdomen; as by so doing, even though a very careful exploration has been made, some stones may have been overlooked, and no means having been left for immediate detection, the patient may die before another operation can be instituted.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

Selections.

TRUE CROUP AND CALOMEL SUBLIMATION.—We make the following extract from an editorial in the *Northwestern Lancet:*

The use of calomel in diphtheria and croup has long been popular, but hitherto principally as a remedy by mouth, in which way it has been given in surprisingly large amounts, to give a grain every hour for a whole day being nothing unusual. The rule for its administration has been to continue it until there were produced copious and frequent greenish passages from the bowels, on the theory that the disease is largely eliminated by the liver, whose activity it is the object of the calomel treatment to increase.

Before the days of germs and ptomaines calomel had long been a favorite drug in the treatment of croup, its supposed power of checking exudation warranted the hope that through its constitutional effect it might limit the formation of the croupous membrane in the larynx. The latest method of treatment, that of sublimation, resorts to the old drug and has for its object to hold in check the formation of the membrane, but it seeks to accomplish this by bringing the calomel directly into contact with the exudation by inhalation instead of indirectly through the general system.

In speaking of the sublimation treatment as the latest method of handling croup, it was not intended to imply that there was anything very new about it; in fact, it is nearly twenty years since it was first employed and described by Dr. Corbin, of Brooklyn. But it is only lately that a sufficient number of cases where this treatment was employed has been collected to give anything like a fair estimate of its value. These cases were gathered together by Dr. Wm. Madden and are described in a paper published in the August number of the *Brooklyn Medical Journal.* In answer to his inquiries he received replies from

two hundred and forty-two physicians, who reported five hundred and five cases of true croup treated by calomel sublimation; of these cases, two hundred and seventy-five, or about 54.5 per cent. recovered. Of those that recovered, twenty-nine were treated by tracheotomy or intubation as well as by the calomel, leaving 48.7 per cent. who recovered after treatment by the sublimation alone. That this is a large percentage of recovery from true croup needs no further proof than an examiuation of the health report of St. Paul, where cases of membranous croup are reported as such, and where it will be found from the records that the mortality is very high; in the years 1891 and 1892, for instance, whose records are at hand, there were reported eighty-seven cases of membranous croup with seventy-six deaths, or more than eighty-seven per cent. In this connection the matter of diagnosis is of course of great importance. Dr. Madden gives no assurance upon this subject, but states simply that the physicians who reported the cases were nearly all from Brooklyn and and New York.

The method of employing calomel sublimation is so simple that it needs no detailed description. By means of a sheet a tent is formed over the bed or crib to confine the fumes of the drug. The quantity of calomel used for each sublimation should be from half a drachm to a drachm. This is placed upon a piece of thin sheet iron, such as the cover of a tin spice box and heat is applied by means of an alcohol lamp, the sublimation being accomplished as quickly as possible. The treatment is to be repeated at varying intervals according to the amount of difficulty in breathing, sometimes half hourly and sometimes only once in two or three hours. The administration of a few grains of calomel in divided doses at the onset will also be a help. Of course this treatment does not stand in the way of intubation or tracheotomy, and it may be necessary to continue the sublimations after the operation if there is any obstruction from formation of the membrane in the trachea.

LOOKOUT MOUNTAIN, TENNESSEE, AS A HEALTH-RESORT.—During the spring of 1888, while practicing my profession in northern Indiana, it was my misfortune to contract pulmonary

tuberculosis, for which I consulted the late Dr. Joseph P. Ross, of Chicago, and through his advice I sought a residence on Lookout Mountain. A full description of my case was published in the *Journal of the American Medical Association* of August 16, 1890, but suffice it to say that I have entirely recovered my health.

Lookout mountain has been known in history ever since Hooker fought his famous "Battle above the Clouds," but farther than this scarcely anything has ever been said of it and little is known of it as a health-resort by our northern brethern. The mountain rises abruptly from the Tennessee River until it attains a height of seventeen hundred feet above sea-level. Lookout stands alone in its majestic beauty, being separated from all other mountain ranges by a wide and fertile valley. The top, or plateau, is an undulating surface, beginning with a point at its northern extremity and gradually widening out as it runs southward, until it reaches a width of a mile or more. It extends across the line into Georgia, but it is only of that portion of the mountain lying within the borders of Tennessee that I shall speak, as it is the only part that is easy of access. The greater part of this plateau comes to an abrupt end where the rock seems to have broken off precipitately and left a perpendicular bluff several hundred feet high. The soil is light and sandy, absorbing moisture so rapidly that within a few hours after a rain a person can go out walking without fear of getting damp feet. A large part of this plateau was cultivated previous to our civil war, but since then it has grown up in primitive forests of pine and oak, with the former predominating.

It is impossible to give a pen picture of this grand old mountain by which any effort of the imagination can form an idea as to its beauty and grandeur. To say the view from its top is grand would not express it. It is not only grand, magnificent, sublime, but also very entrancing. The scenery is varied from every point of observation, and to the lover of nature are presented views of which he will never weary; and this of itself will urge invalids to keep out of doors and ramble from place to place. From its lofty summit seven different States can be seen, and with the city of Chattanooga lying at its base, with its fifty thousand souls, and ten different trunk railroads center-

ing there, it produces a scene not to be found elsewhere. Its beauty can only be appreciated by the eye of the beholder.

Unfortunately, the meteorological records (except its temperature) have never been taken until within the last year, but comparing what we have with the observations taken in the city of Chattanooga, we can form a fairly good estimate. The mean annual temperature is 54° F., with a mean annual range of 17° F. During the winter the temperature seldom falls below freezing, and only once during the past five years has it fallen down as low as 2° F., and that last winter, while only fifty miles north of us it registered 12° F. below zero. During the summer the temperature has only risen above 88° F. five times, and that occurred the past summer. The snowfall has been almost *nil*, with the exception of once last winter, when there was a fall of about nine inches. The average number of clear and fair days during the entire year is twenty-four in each month. It is impossible to give the rainfall, as no exact data have been kept of it. The average relative humidity can only be estimated from that of Chattanooga. The United States weather observer there says it is at least five less than that of the city, and as it is 71 in Chattanooga that of the mountain must be 66 or less. The air is relieved of a great deal of its moisture as it is wafted across the mountain-ranges surrounding Lookout on all sides, thus giving us a dry atmosphere. It is free from all micro-organisms and impurities, as there is nothing here to contaminate it. Sunshine is abundant, and gentle breezes are always blowing; sultry days and wind storms are unknown. The air is invigorating, it having neither the debilitating heat of the southern clime nor the severe storms and cold of the northern to affect us.

Dr. Wight, after a thorough investigation, states that consumption has never been known to occur among the natives of the mountain. Malaria seldom if ever occurs, at least I have never seen an original case of malaria or consumption during my five years' residence here; but, on the contrary, I have carefully watched the progress of a great many consumptives who came to Lookout with the hope of improving their health, and if possible receive a cure. With very few exceptions, every one who sought a residence here was either benefited or cured. The most of those who received no relief were so far advanced with

their disease that it was utterly impossible for them to be benefited any where. Those of an acute character naturally found the quickest relief, while those with the so-called fibroid phthisis improved slowly; but with proper care, diet, and exercise, every one (unless too far advanced) would find almost immediate relief, and if they remained long enough a cure would result in the great majority of cases. Consumptives, after visiting some of the other health-resorts, such as California, Colorado, Texas, and Florida, and receiving no benefit, have come to grand old Lookout, and their improvement soon became apparent. I recall, for instance, the case of a young gentleman, a professional brother, with phthisis, who had spent some time in Colerado and New Mexico seeking relief, but failing to find it he returned home as he thought, to die. While at home he was advised by Dr. Ross to try this place. He did so, arriving here about January, 1889, and remaining until the following August, when he again returned home to all outward appearances a healthy man, but still having a slight induration in the lung. He then went to California to practice his profession, but after residing there a year or two his trouble increased so far that he died. I could cite numerous other cases liké this, some that remained long enough to receive a complete cure, others, after receiving a partial cure, would return home thinking they could not remain away from business any longer. The one great trouble with consumptives going to health-resorts is that they will not remain long enough; as soon as they are on a fair road to recovery they become anxious to return to their families, friends, and business. When invalids are sent away from home and relatives to seek a new climate, they should be instructed to remain (providing they improve) until their attending physician says their health is entirely restored.

Other diseases that are benefited by a residence on Lookout are insomnia, nervous prostration, asthma, bronchitis, and the enteritis of infants. Children are frequently brought to the mountain during the summer months with cholera infantum, so sick that the physicians say they could not possibly live more than a day or two in the city; yet, as if by magic, they commenced to improve almost immediately after reaching its summit, and that with very little medicine. Only a few weeks ago Dr.

Bowen, of Paris, Ky., brought his baby suffering with enteritis to the mountain, carrying it on a pillow, and not thinking that it could possibly live. The child soon began to brighten up and feel better, and a few days ago they left the mountain with a healthy baby, and feeling very enthusiastic on the climate of this place.

Lookout Mountain is accessible by rail from every point of the compass. It has an incline and standard guage railway connecting it with Chattaneoga, thus giving quick and easy access to that thriving city. Dr. J. A. Robison, of Chicago, says: "The ideal requirement for the treatment of consumptives is a combination of all the requisites of a perfect climate, and also the opportunity to enjoy city life with its attendant evidences of civilization." He further says, "The only locality where there is a possibility of such a combination is Lookout Mountain, Tennessee."—*W. A. Dietrich, M.D., in Med. Record.*

THE NATURE OF SHOCK.—Dr. Eugene Boise, of Grand Rapids, Mich., read a very excellent paper at the meeting of the Association of American Obstetricians and Gynecologists, in Detroit, in June last, which we find in that excellent specialist's journal, *The N. Y. Journal Obstetrics and Gynecology*, which he concludes with the following summing up:

To sum up therefore: shock is not a general paresis of the sympathetic nervous system, because

1. The entire arterial system is contracted rather than dilated.

2. The skin is moist, or bathed in perspiration, by reason of the irritation of the secretory fibres of the sweat glands, instead of dry, as it would be in pallor of the skin, low temperature and *paresis* of sympathetic fibres.

It is not a paresis of the cardiac nerves and ganglia, because

1. The heart action would be slow, by reason of the preponderance of the inhibitory influence of the pneumogastric.

2. It is not probable that cardiac branches of the cervical sympathetic would be paretic, while other branches were abnormally stimulated; and in shock the pupils are widely dilated by reason of the cervical sympathetic,

It is not a paresis of the vaso-motor nerves of the abdominal vessels, because

1. Paresis of these nerves would cause *dilatation* of the abdominal arteries.

Dilatation of the renal artery would cause polyuria, even if accompanied by dilatation of the other abdominal arteries. In shock the secretion of urine is scanty or even suppressed.

2d. Dilatation of abdominal arterioles would cause *decreased* peristalsis. In shock peristalsis is often increased.

On the other hand it *is hyper-irritation* of the *entire sympathetic system*—because

1. The skin is pale and livid by reason of *contraction* of the aterioles, because of their vaso-motor nerves.

2. The heart's action is rapid by reason of *stimulation* of its sympathetic nerve supply.

3. There is scanty secretion of urine by reason of contraction of the renal arteries—the result of *stimulation* of their nerve supply.

4. The skin, though pale and livid, is bathed in perspiration by reason of *stimulation* of the secretory nerves of the glands.

5. The pupils are dilated by reason of *stimulation* of their sympathetic nerve supply.

6. The pulse at the wrist, while rapid and small, as would be expected in vaso-motor stimulation, is soft and *very compressible* by reason of the very scanty relaxation or dilatation of the heart.

7. The condition of the heart may not have been actually demonstrated, but may justly be inferred by analogy—reasoning from the action of the uterus under similar conditions.

Each contraction of the uterus is normally followed by a period of perfect relaxation, as is the heart. Over-irritation or stimulation of the uterine ganglia or sympathetic nerve supply causes *rapid* contractions, with *very imperfect relaxation.*

It is fair to infer the same condition in the heart under similar causation.

Thus the supply of blood thrown into the arteries is scanty, and arterial blood pressure is *low.*

8. The first five of these conclusions are justified by well-known experimental demonstration. The 6th and 7th are fair conclusions by reasoning from analogy.

9. That the condition of the heart is one of stimulation rather than paresis, may be considered demonstrated by the fact that in cases of sudden death from severe shock the heart has been found *contracted and empty*.

Admitting the correctness of this pathology, it follows that our treatment should be on the line of *sedation* to the sympathetic system—as by nitrate of amyl, nitro-glycerine, morphine, and the application of moist heat:

1. To the surface.
2. Through the long tube into the colon.
3. Transfusion of saline solution at a comparatively high temperature.

When Shall we Remove the Vermiform Appendix.—Dr. James M. Barton, of Philadelphia, presented a paper on this subject before the American Surgical Association. Surgeons still differ on this subject, but they are probably removing the appendix less frequently than formerly. The author had been less fortunate in those cases where he had removed the appendix, so that now, in those cases where there is a circumscribed abscess with no general peritonitis, and no symptoms of intestinal obstruction, he does not search for or remove the appendix. In nine cases of abscess of the vermiform appendix, operated on last year, and when the appendix was not removed, all recovered. In this class of cases portions of the appendix have already sloughed away, and the opening into the bowel is firmly closed, and there is little danger of fæces making its exit through the appendix.

By not searching for the appendix, the time of the operation is much lessened, and the loss of blood is not so great. The drainage tube and gauze keep their places when the walls of the abscess cavity are unbroken.

The two most fatal complications, after operation, are septic peritonitis and obstruction of the bowels. There is, of course, less danger of peritonitis if the adhesions are not broken down. When there is obstruction, if the obstructing portions of the bowel can be identified, it should be liberated. If it cannot be, after the abscess cavity has been disinfected, all adhesions should

be separated. In this case the appendix should be removed. If there is no obstruction, and the adhesions are separated, they may unite in such a way as to cause obstruction.

The following conclusions were presented:

First.—An unruptured appendix, distended and discolored, should be removed.

Second.—When rupture of the appendix into the general peritoneal cavity has occurred, the appendix should be removed and the abdomen flushed.

Third.—When a localized abscess that has existed for some days or weeks has ruptured into the general peritoneal cavity, the appendix should be removed and the abdomen flushed.

Fourth.—When adhesions to the abdominal wall have formed, open the abscess and drain, being careful not to break the adhesions that separate the abscess cavity from the general cavity. The appendix should not be searched for nor removed.

Fifth.—When symptoms of obstruction are present, empty the abscess, with the general peritoneal cavity well protected with gauze; disinfect the abscess cavity, then examine for the adhesion causing the obstruction, and if able to identify it, separate those adhesions, only. If it can not be identified, then separate all the adhesions and remove the appendix.—*Pacific Med. Jour.*

An Improved Operation for Varicocele.—Dr. Edward Wyllys Andrews, of Chicago, says: The redundant scrotal skin is grasped as in preparing to apply the clamp. Having crowded the testes upward until there appears but little more room for them, and it is apparent that the skin over them is reasonably tense, the part below this is marked for removal, with all such veins pertaining to the varicocele as can be taken up with it. Now, instead of the clamp, a line of sutures is made to separate the portion to be removed from that above, the line being carried from the perineum forward in a curve to some point below the bulb of the penis.

If quilled sutures are inserted they should be placed one-half an inch apart and drawn not too tightly.

The plan the author prefers is to thread two silk-worm guts

upon straight needles and tie the other ends to each other, thus getting a long piece with a needle at each end. Beginning at the perineal end, the double stitch is now carried forward in loops of one-half or five-eighths of an inch in length, the needles inserted being from opposite sides and crossing each other each time until the front is reached, where the free ends are tied to each other.

One reason for preference for this form of deep suture is because it shortens the line as well as compresses laterally by a sort of puckering-string action.

Having secured contact of the two sides of the scrotum by this permanent substitute for the clamp, it only remains to divide the skin, and contained varices about half an inch below this line and secure all bleeding which the compression of the deep sutures may permit, after which a continuous horsehair or other superficial suture will complete the operation.

The author states that his success with this operation has been perfect. Union of the superficial wound usually takes place in five or six days, but the author prefers to leave everything untouched for about fourteen days, removing everything at that time, including the retention sutures, and sealing with collodion any small unhealed spot.

The operation should be done with rather minute care, especially in the final step of approximating the scrotal skin, which is thin and needs careful suturing with a fine needle and very numerous small stitches to insure nice closure. It is well to use a few horse-hair drains, of a dozen or two fibres each, to remove the excessive serum by capillarity and prevent local distension. —*Indiana Med. Jour.*

THE CLINICAL APPLICATION OF INGLUVIN.—Ingluvin is the name given to a preparation made from the gizzard of the domestic fowl. It is a yellowish, gray powder of a faint odor, and almost devoid of taste. It is insoluble in water. Ingluvin is put up by its manufacturers, (Messrs. William R. Warner & Co., of Philadelphia) in 5 grain tablets. Ingluvin is compatible with alkalies. Its virtues reside in a peculiar bitter principle which enters into its composition. It is prescribed in the

same doses and combinations as pepsin. Ingluvin was introduced to the notice of the medical profession about 18 years ago. It is of special benefit in the relief of sick stomach. This substance may be given with success when vomiting depends upon organic affection of the stomach, as in acute and chronic gastric catarrh and in gastric ulcer. Nausea, due to disease of other abdominal or pelvic viscera, as the liver, kidneys, uterus, and ovaries, is likewise relieved by the administration of this remedy. It allays the gastric irritability which accompanies tabes-mesenterica and marasmus. Vomiting produced by over-indulgence in liquor has been subdued by its powers. It has been found of advantage in cases of sea-sickness, and in the relief of the gastric irritability of bottled-fed babes. Its peculiar province, however, is alleviation of the vomiting of pregnancy, in which it approaches the character of a specific. As every one knows, this difficulty is frequently very intractable, and one approved remedy after another may be used without avail. To those who have witnessed repeated failures of medication, Ingluvin can be recommended as one of the most efficient remedies which we possess for the relief of this distressing symptom. Ingluvin is likewise beneficial in dyspepsia, when produced by functional inactivity. It is able to promptly check the diarrhœa which is caused by indigestion. By reason of its influence upon the stomach and bowels, ingluvin is capable of marked service in cases of cholera infantum and cholera morbus. From the preceding account it will be seen that Ingluvin possesses an exceedingly important sphere of usefulness.

Ten grains I found generally a sufficient dose. In some instances 20 grains were required, while the milder forms of indigestion a 5 grain tablet, after each meal, accomplished the desired purpose. To infants I gave the remedy in doses of 1 or 2 grains.

A series of cases occurring during the past few years in which Ingluvin was administered with benefit has been selected as affording a typical example of the efficacy of Ingluvin. The total number amounted to 49 and a brief history is given of each case. They were classified as follows:—4 cases of cholera morbus; 8 of infantile diarrhœa; 9 of diarrhœa in the adult; 2 of dysenteric diarrhœa; 1 of acute indigestion; 3 of dyspepsia; 2 of

dyspepsia with reflex symptoms; 1 of dyspepsia from uterine disease; 2 of dyspepsia; 1 of nervous dyspepsia; 2 of gastralgia; 2 of colic; 4 of gastric and gastro-intestinal catarrh; 1 of gastric ulcer; 1 of vomiting caused by alcoholism; 6 of vomiting of pregnancy.—*Abstract of a paper by John V. Shoemaker, A.M., M.D., in the Medical Bulletin.*

Bromoform in Whooping-Cough.—Dr. F. W. Burton-Fanning says that Stepp reported, in 1888, one hundred cases of whooping-cough treated with bromoform without a single failure, and his results were indorsed by other physicians. Dr. Burton-Fanning also reports thirty cases of his own treated with this drug. Bromoform is a colorless, oily liquid with an ethereal odor and sweet taste, insoluble in water. He suspends the bromoform in a mixture, as follows:

Bromoform	mj.
Pulv. tragacanth co	ʒ ss.
Syr. simpl	ʒ ss.
Aq	ad ℥ ss.

For children under one year he gives half a minim, up to three years, one minim, up to six years, two minims three times a day to begin with, then, if necessary, these doses may, with safety, be gradually increased until they are doubled. It is important to have a fresh supply once a week, to keep the bottle in the dark, and shake it before taking the contents. Bromoform should never be used when it is of a brown color, as this is due to its decomposition and the liberation of free bromine. He considers bromoform of specific powers against the paroxysmal cough, on which the chief dangers of whooping-cough depend. The number of paroxysms with this treatment are much fewer, shorter, and less violent, and the vomiting always, ceases, but the duration of the disease is not materially shortened. If the bromoform be discontinued within four weeks, the characteristic cough and attendant miseries return at once. He also finds that this remedy is so specific in its action as to be of great use in diagnosis. In doubtful cases its sucess or failure to relieve the cough led him to a correct conclusion as to the nature of the disease, as subsequently established by other considerations.—*Boston Medical and Surgical Journal.*

INJECTIONS OF IODOFORM IN GOITRE.—Kapper uses a solution containing one part of iodoform and seven parts each of ether and olive oil, which is injected into the goitre after previous disinfection of the skin. The trocar of the syringe is disinfected, and is then plunged to the depth of two to three centimeters into the tumor, and the patient is told to swallow in order to ascertain whether the cannula takes part in the movements of deglutition, or whether it has not been inserted deeply enough. Immediately the solution is injected the trocar is rapidly withdrawn and the orifice of the puncture closed by means of a piece of diachylon plaster. When the goitre is very large, he injects as much as six grammes of the solution at one sitting, in four different parts. The injections were repeated at intervals of four to six days, sometimes on several consecutive days. Local reaction was always feeble. Eight men and six women have undergone the treatment. After ten injections in the course of two months the circumference of the neck was diminished by six centimeters at least, and after another interval of two months there was a diminution of eight or ten centimeters. Besides this the discomforts felt by the patients were sensibly attenuated. Six months after cessation of the treatment the improvement was maintained.—*Gazette de Hospital.—Med. Age.*

TREATMENT OF ACUTE ORCHITIS.—M. Thiersy, of Paris, has treated for a long time acute orchitis by pulverization of a solution of phenic acid on the inflamed organ. He considers it superior to emollient applications, and not only is it free from all danger, but it materially abridges the duration of the treatment.

The apparatus is a steam spray to be placed on a chair close to the patient. The solution should not exceed 1 in 50, or 2 per cent., and the duration should not last more than one-quarter of an hour twice a day, otherwise the skin would exfoliate. In three or four days all pain has subsided, and the patient can leave his bed, provided that he wears a suspensory bandage.—*Med. Press and Circular.*

INJECTIONS OF METHYLENE BLUE IN A TUMOR FOR OPERATION.—Dr. Linder, of Berlin, (*Bullet. Med.*) reports a case in which a large tumor involving the left temporal region, the

zygomatic arch and part of the cheek had been growing for a year. It was elastic, non-fluctuating, regular in shape and immovable. The diagnosis was malignant sarcoma of bony or periosteal origin. Under Von Mosetig's treatment, the ulcerations closed and the tumor disappeared completely. Injections of methylene blue at 1 per cent. were administered every other day at the periphery of the neoplasm. Marked swelling, some edema, and on one occasion an abscess resulted, and in 4 weeks the tumor had diminished one half. The improvement continued after the treatment had ceased.—*N. Y. Thera. Rev.*

To Prevent Rust on Surgical Needles.—Dr. Horace T. Hanks, of New York, writes: "I have found, formerly, much difficulty in keeping my needles always free from rust and sepsis. For a year, however, I have kept all my needles in pure 'lysol,' and am perfectly satisfied with the result. I place from thirty to fifty assorted needles, points upward, in a suitable small bottle—large mouth, and screw top preferable—and then fill with lysol. When needles are to be used turn the lysol into another phial and the needles on to a plate, and select the ones required, returning lysol and needles to the original bottle when through. By this means I always have aseptic needles, free from rust, and a small bottle of germicide fluid if no other is at hand."—*Med. Record.*

Treatment of Ovaritis.—M. Winternitz has just published his method of treating women who suffer from ovaritis. Rest in bed is the first thing insisted upon, and, as these patients are generally constipated, he prescribes a teaspoonful of the following mixture at bed time in a glass of water:

℞. Sulphate of soda..... ℥iv.
Sulphur..... ℥j.
Sugar..... ℥v.
Essence of peppermint, q. s.

The abdomen is rubbed with the ointment here mentioned:

℞. Ichthyol, } aa ℥j
Lanoline, }

To this external treatment is added vaginal injections of warm salt water and twice daily the os is scarified.—*Paris Cor. Med. Press and Circular.*

Editorial.

AMERICAN PUBLIC HEALTH ASSOCIATION.*

21st Annual Meeting, Held at Chicago, Ill., Oct. 9th to 14th, inclusive.

NASHVILLE, TENN., October 16, 1893.

To the President and Members of the State Board of Health:

Gentlemen:—As per instructions, I visited Chicago as your duly commissioned delegate, and gave full attention to the proceedings of the American Public Health Association, which convened in its twenty-first annual session at that place upon October 9, and continued up to and inclusive of the 14th inst., but which, in conformity with action taken in Kansas City in 1891, was upon this occasion transformed into a World's Public Health Congress, thus giving it uniformity with other congresses, international in their character, held in connection with the World's Columbian Exposition.

In Memorial Art Palace, Hall of Washington, at the foot of Adams Street, on Monday, the 9th inst., at 11 A.M., the Congress was called to order by Dr. S. H. Durgin, President of the American Public Health Association. After prayer by Rev. Patton, Hon. Charles C. Bonney, President of the World's Columbian Exposition, delivered an opening address, which, while expressing the sincerest cordality of welcome, did more, for in the glimpse he took of the question of Government's relation to public health questions he showed himself a thinker and philosopher of more than ordinary breadth. Mrs. Potter Palmer, President of the Woman's Branch of the World's Congress Auxiliary was on the programme to follow in an address of welcome, but owing to indisposition was ably substituted by Mrs. Charles Henroten, who incidently introduced into her address

*From proof sheets of report of J. D. Plunkett, M.D., President of State Board of Health, in Tennessee State Board of Health Bulletin.

the subject of home sanitation, specially giving emphasis to the ordinary unsanitary condition of back-yards; thought "the only hope was to appoint women on local health boards." Dr. Sarah Hackett Stevenson, President of the Chicago Women's Club and Vice-president of the Chicago Women's Club and Vice-president of the Municipal Order League, was the next speaker, and said from her point of view individual filthiness was the chief difficulty in the way of public health to-day—the matter should be made individual; taught in the schools, from the pulpits, in the daily press, by leaflets and short popular talks through neighborhood and town leagues. Mayor Harrison, in a short, but cordial talk, closed the addresses of welcome, which were responded to by Dr. S. H. Durgin, Boston, President of the American Public Health Association; Dr. E. Liceaga, delegate from the State of Guanajuato, Mexico; Julio Bardoo, representative from Brazil; and Dr. M. Kagami, Japanese Commissioner to the World's Fair. Dr. S. H. Durgin followed in the delivery of the usual annual inaugural address of the President, under the following subheadings: "Aims of Sanitary Science;" "Modern Sanitation;" "Municipal Sanitation;" "Water Supply;" "Drainage;" "Disposal of Waste;" "Mortality Statistics;" "Infectious Diseases;" closing with a discussion of "Cremation" and "Habitations for the Poor."

"Origin and Dissemination of Typhoid Fever" was the title of an exceedingly interesting and instructive paper next presented by Prof. W. T. Sedgwick, of the Boston Institute of Technology, and Director of the Lawrence Experiment Station, established by the State Board of Health of Massachusetts. He maintained the microbian theory, and in illustration gave succinctly the essential features of a number of outbreaks of typhoid fever in Massachusetts in recent years, together with details of experiments made with the aid of his assistants at Lawrence Experiment Station, while studying the subject.

Dr. A. C. Abbott, of Johns Hopkins University, presented a paper on "Considerations Concerning the Causation, Spread, and Prevention of Typhoid Fever." This, too, was an instructive paper, and after its reading a discussion on enteric or typhoid fever was had. Dr. Bailey of Louisville, described an epidemic in the best portion of that city caused recently by milk. Forty-

four cases were traced to one dairy farm where the cows were healthy. The cans were washed in hot water, but afterwards rinsed in cold water which was polluted. Dr. Probst described an epidemic in Tiffin, Ohio, from polluted water. Dr. Hewitt entered a protest against the dilution idea advanced in the paper of Prof. Sedgwick. He spoke of the great prevalence of enteric fever in the farm dwellings of Minnesota. Prof. Sedgwick, author of the first paper, closed the discussion, maintaining the microbian theory, and holding that in country towns the fever was imported.

Allen Hazen, B.S., Chemist in charge of the Lawrence Experiment Station, Massachusetts, read a paper on the "Sewerage Disposal Problem in American Cities. Two great problems were thus presented, he said—first, river pollution; second, pollution of the source of water supply. The land treatment system succeeds in Massachusetts because of its porous soil.

Dr. U. O. B. Wingate, Health Commissioner of Milwaukee, read a paper on the disposal of garbage in that city. In 1888 a three-years' contract was made for cremation, but failed to give satisfaction. The crematory was not well located. After long controversies and investigation, a five-years' contract was made in 1892 for dumping the garbage into Lake Michigan fourteen miles from the city limits.

Mr. Wm. R. Morse read a paper on the disposal of garbage by fire as practiced satisfactorily in Chicago on the Fair grounds. Much valuable detail was given as to the working of the Engle Crematories, of which he is the general agent.

Dr. Hewitt read a paper sent by Dr. J. Wright Mason, of Hull, England, on "Cholera." The great epidemic of 1849 in Hull was described. The fight as now conducted in Hull against cholera depended not on quarantine alone, but mainly on sanitation. First, rigid inspection, isolation when needed, and disinfection of all immigrants. Second, perfect local cleanliness, the more necessary as Hull is a privy town. He thinks the present outbreak is a recrudescence of that which occurred last autumn.

Dr. Sarah H. Brayton, of Evanston, Ill., read a valuable paper on work by ladies in England, written and forwarded to the Secretary to be presented by Lady Priestly, Vice President of the Public Health Association, of London, and styled "The

Lady of the House Her Own Sanitary Engineer." With pointed emphasis attention was called to the great good done in England by a little book published by the National Health Society, entitled, "Dangers to Health," written by a titled lady and translated into German by Princess ——.

The committee composed of Drs. A. L. Gihon, Medical Director, U. S. N., Frederick Montizambert, Chief Quarantine Officer Dominion of Canada, Walter Wyman, Surgeon-General U. S. M. H. S., Samuel Olliphant, President of the Louisiana State Board of Health, and Wm. T. Jenkins, Quarantine Officer Port of New York, through its Chairman, submitted a report on "Sanitary and Medical Service on Emigrant Ships." It evidenced great care in its preparation, and suggested sweeping reforms in this special field. Though seemingly radical in some particulars, the necessities of the case, so far as the Public Health interests of North America are concerned, demand that the recommendations of the committee, or some others similar in their character, be adopted and without delay placed in practical operation upon all emigrant ships coming to our shores. The report, upon motion, was adopted by the Congress.

Also the standing committee, on the Restriction and Prevention of Tuberculosis, presented a report which, upon motion, was accepted by the Association.

"Tuberculosis" was the title of a timely and sensible paper read by Dr. E. Salmon, D. V. M., Chief of the Bureau of Animal Industry, Washington, D. C. He urged the great importance of regular and systematic inspection of dairies, and the test with tuberculine of all suspected cows. Though such a test was not to be recognized as infallible, tuberculine was of great value as a diagnostic agent. His Bureau will furnish it freshly prepared to all local boards of health upon application for such uses. He was of opinion that in tuberculosis heredity had been given an exaggerated prominence. The disease was due to a micro-organism and communicable, and was oftener acquired than inherited. Following this paper were two others, one upon "Syphilitic Infection as a Vehicle of the Communication of Tuberculosis," by Dr. Manual Carmona Y. Valle, of Mexico, and the other on the "Influence of Habitations in the propagation of Tuberculosis," by Dr. F. Gutierrez, Mexico, after which followed a brief discussion.

Dr. W. Oldright, of Canada, asked Dr. Salmon as to the liability of different breeds of cattle to contract the disease. He thought the dangers of milk and meat infection greatly exaggerated, nor was syphilis a channel of infection for tuberculosis. Dr. E. Liceaga, Mexico, said the principal point in the exemption of a locality regarding tuberculosis should only be contracted, as Dr. Salmon suggested, through the food or air, it was necessary that we first determine what proportion of the tubercular bacilli was pathogenic. Dr. Smith, of Iowa, referred to dampness in or around the house, shade trees, etc., as a potent factor.

Dr. Salmon, in closing the discussion, said that the liability was the same in degree, no matter what the breed of an animal. When the disease is contracted through food we find the mesenteric glands first involved, but if through contaminated air, the lungs first show disease. Tubercular disease in udder of cows is the most dangerous source of infecting the milk. Diseased milk freely mixed with that of non-tuberculous cows, in the proportion it is so diluted, is less dangerous.

"Food for Students," by Mrs. Ellen M. Richards, M.S., Massachusetts Institute of Technology, was the next paper, and was one of special interest and merit. The dietary, she said, of the college student should be a subject of careful study by every college faculty, and as great care should be exercised in selecting the steward, who is in fact to determine the mental standard of all the students, as in selecting the professor of Greek or history. When the academic world becomes convinced of the importance of this factor, we shall see a race of American students far outstripping all others.

Second only in importance to the food of the child is that of the youth in the secondary school and college. During the years of student life the normal development of the body requires an excess of food, and that, if the brain is not to be developed at the expense of the body, a jealous watch must be kept over the food of the young brain-workers. This care must take into consideration on two points—sufficient quantity and availability; for it is not what is eaten, but what is digested, which nourisnes, and the young student cannot well afford two hours of rest after each meal to allow the hard work of the stomach to

be finished before that of the brain begins. If double work is required of a horse, he is given double feed. All work is one; work means expenditure of energy whether in thinking or in lifting weights; the only source of human energy is the food which is assimilated and made a part of the body tissues (a very different thing from the food eaten). This fact is now perfectly well established, and it should be recognized by all educators, that good thinking, like good rowing, requires proper feeding.

"Hygiene of Hair-dressing and Barber Shops," was the title of a practical paper read by Dr. Angel Contraros, Professor of Clinical Surgery, School of Medicine, Pueblo. He pointed out the dangers of certain skin and other diseases, through the now-a-day barber shop, and suggested that the health authories adopt regulations for their observance—such as, in a properly devised barber stove or sterilizer, heat to 120 C, at regular intervals all instruments; razors, etc., should be placed in oil baths; hands of operators should be often washed and disinfected; all loose hair burned, etc.

"Water Supply of Chicago, was a joint paper by A. B. Reynolds, M.D., Health Commissioner of Chicago, and Allen Hazen, B.S., Chemist Water Department World's Columbian Exposition. Diagrams were used to illustrate the location of the four different tunnels through which the supply is obtained from Lake Michigan, and also the points of the several main sewers emptying their contents into the lake and along the river. It was stated that "For the year ending September 30, 1892, the number of deaths from typhoid fever in Chicago was 1,790, in a total of 26,646, or a percentage of 6.72. For the year ending September 30, 1893, deaths from typhoid fever were 712 in a total of 26,977, or a percentage of 2.64," a decided improvement, which was attributed to the extension out into the lake of the various tunnels within the last two years, and which will all be completed within the next few months, when no water will be received into the city from a source nearer than two miles from shore.

"Removal of Pathogenic Bacteria From Drinking Water by Sand Filtration," by Mr. George W. Fuller, Biologist Lawrence Experiment Station, Massachusetts. He said that "it was entirely practical to construct filters which will extract 99 per cent. of the pathogenic bacteria from water."

The following group of papers having reference to quarantine were then read by their respective authors, immediately the one after the other: "Difficulties in the Practice of Quarantine in Some of the Mexican Ports," by Dr. Domingo Orvananos, Adjunct Professor School of Medicine, Mexico City; "The Canadian Quarantine System," by Dr. Frederic Montizambert, Quarantine Officer of the Dominion of Canada; "Quarantine System of Texas," by Dr. R. W. Swearingen, State Health Officer of Texas; "Quarantine," by Dr. S. P. Olliphant, President Louisiana State Board of Health.

Discussion followed the presentation of these papers, and was participated in generally by those present. Prominence was given to the details of the different United States and Canadian port quarantines as to their methods of disinfecting luggage, etc.

"Municipal Sanitation," by Dr. Sarah Hackett Stevenson, President of the Chicago Woman's Club and Vice-president of the Municipal Order League. She said dust, if let alone, might be innocent, but as now dealt with in the average community was fraught with the greatest dangers. Janitors of all public school buildings, churches, and other similar structures should be specially taught how to treat it, for now they only stir it up to have it settle back again, which in turn was to be raised again by every passing boy or, especially, girl. Often to this cause epidemics were traceable, as well as the communication of other diseases, such as consumption, etc. She condemned the present system of street sweeping, also house sweeping, for thus wise the dust is only stirred up, 'tis not removed. The carpet-sweeper is a great improvement over the broom. Its collections should always be burned. Furniture should always be dusted with a cloth, and it afterwards burned. Beating of carpets in a thickly settled neighborhood or town should be prohibited by law. "If people still use these nests of disease—carpets—they should be required to take them to a carpet-cleaning establishment, where is to be found the proper machinery for the business, and only there."

"Voluntary Health and Public Improvement Societies," by Miss Ada Sweet, Vice President Municipal Order League, Chicago. The Public Health Service demands that neighborhood, ward, and town health leagues or clubs be established, and the

membership of same should be largely composed of women. Organization is the watchword of the hour. Eighteen months ago the League of Order was first organized in Chicago, now we have an Auxillary or Improvement Club in each ward of the city. Through these clubs we have been enabled to have introduced as a municipal feature portable crematories, which go from house to house and burn up the garbage at your back door; also free baths for the poor—before there was no provision of the kind for these people; and other reforms háve been and are to be introduced through the instrumentality of our club. We can do nothing alone—we must co-operate.

Sir Charles Cameron, Principal Medical Officer of Health of Dublin, ex-President of Royal College of Surgeons, Ireland, and Professor of Hygiene and Chemistry, Royal College of Surgeons, on account of the cholera scare existing in Ireland, was himself unable to be present at the Congress, but forwarded a clear and strong paper on the "Importance of Civil Public Hygiene to the State," which was read by Dr. Hewitt. As illustrative of his subject, he detailed the daily workings of his department in the city of Dublin." "Rich and poor alike," he said, "can in Dublin have their houses and household effects disinfected free of cost to themselves at any time upon application to the Health Department." A good feature for Tennessee cities and towns to adopt.

A paper in the right direction, entitled, "Co-operative Housekeeping, a Conservator of Nerve Force," was presented by Mrs. Coleman Stuckert, Denver, Col. She ingeniously outlined a plan, entirely practical in all its details, by which this desideratum can be accomplished with comfort and improved health to the home, which while one as a community is distinct in the perfect preservation of its individuality. "It is now a race which will put the plan suggested into practical operation, first, Chicago or Denver. Companies have been organized, money subscribed and the work of construction is being now rapidly pushed in both."

To attempt in this brief and hastily prepared report, an analysis, or even a passing notice of the eleven addresses and fifty-six papers which appeared upon the printed programme, would be to extend beyond all expectation, I am sure, what is looked for from me at this time. All of them, I am glad to state,

however, will be printed in extenso and a copy will in due time be supplied the library of this Board.

The following resolution was offered, in lieu of a regular report, by Dr. Henry P. Wolcott, of Massachusetts, Chairman of Committee on National Health Legislation, and which was adopted with only two dissenting votes:

Resolved, That the American Public Health Association again urges upon Congress the necessity of the appointment of some officer with general sanitary authority in connection with the National Government.

That the functions of such authority are of sufficient importance to demand the exclusive attention of the best instructed sanitation.

That such authority should be enabled from time to time, and under proper regulations, to secure the advice and co-operation of the State Boards of Health.

Resolutions were also adopted, one urging upon all academic schools the importance of teaching their classes the importance of the principles of sanitary science, and another creating a standing committee "On Nomenclature of Diseases and Statistics," with power to co-operate with a similar committee from the American Medical Association.

In the papers selected for notice in this report, prominence, you will observe, is given the views and work of the several women who appeared before the Congress. In every instance they were upon a high plane, and were literally an object-lesson—a demonstration of your reporter's opinion often expressed through the past twenty years, that for the Public Health service to become the success the necessities of the case demand, some agency must be supplied which will reach into the homes of the country and be made to embrace each individual member thereof. This may be done if the mothers and housekeepers in the land can be enlisted and enthused in this highest philanthrophy—this body-saving, life-prolonging work. What say the women of Tennessee? Will they not organize in the cities and towns and begin the agitation of this greatest of reforms without delay?

The character and variety of diversion in Chicago during the Congress was such that, as a consequence, the attendance was not large at any time upon any of its sessions, thus emphasizing the error of ever holding such meetings at a time and place so circumstanced.

The following are the officers of the American Public Health

Association, elected for the ensuing twelve months: President, Dr. Emanuel P. Lachapelle, Montreal, P. Q., Canada; First Vice-President, Dr. Manuel Carmona Y. Valle, City of Mexico; Second Vice-President, Dr. J. N. McCormack, Bowling Green, Ky. Dr. Irwin A. Watson, Concord, N. H., Secretary, and Dr. Henry D. Holton, Brattleboro, Vt., Treasurer, and the place selected for holding the next meeting is Montreal, Canada.

TRI-STATES MEDICAL SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE.

We recently had the pleasure of attending the fifth annual session of this medical organization which was held in Chattanooga, Tenn., Oct. 17th, 18th and 19th. Morning, afternoon and evening sessions were held, and each one was well filled by brief but able and pointed papers and followed by brilliant and lucid discussions. Take it all in all, it was one of the best, most practical and satisfactory medical meetings we have had the pleasure of attending for many a day.

Dr. Richard Douglas, of Nashville presided, and with his characteristic energy and vim, his clear, clean cut and correct decisions as presiding officer prevented lagging of interest or divergence of the discussions throughout the meeting.

The papers were well arranged and classified, two and sometimes three or more being read successively, all bearing upon analogous subjects, and then the discussion on the whole followed. Thus there was an paper on Pathology and Sequelæ of Purulent Inflammation of the Middle Ear, by T. Hilliard Wood, of Nashville, followed by one on Treatment of the Sequelæ of Purulent Inflammation of the Middle Ear,. by G. C. Savage, M.D., of Nashville, which was succeeded by a discussion of the two. And again, the paper of Dr. W. E. B. Davis, of Birmingham on Operative Treatment of Gall-Stones in the Hepatic Duct, was followed by one by Paul F. Eve, M.D., of Nashville, on Cholecystotomy, these being succeeded by a discussion covering the ground occupied by both papers. By this massing of the subjects the discussions were to a great extent crystallized, if we might use such a term, and much time saved and the interest of the members concentrated.

We can but regret that want of space prevents a full report of the meeting, but that was supplied each day by "The Bulletin," gotten out every day by the affable and competent Secretary, which gave a synopsis clear and consise of each season's work. We have no doubt that any interested therein will be supplied with copies of the same by application to the Secretary at any time.

The following is a partial list of the papers read.

J. W. Russey, of Chattanooga, "Treatment of Puerperal Mastitis," discussed by W. G. Bogart, G. A. Baxter, G. W. Drake and Richard Douglas.

G. A. Goggans, of Alexander City, Ala., "Treatment of the Diseases of the Uterine Appendagess," discussed and commended by J. B. Cowan, P. L. Brouillette, H. Berlin, G. W. Drake, G. A. Goggans and R. M. Harbin.

R. M. Harbin, Calhoun, Ga., "Membranous Croup," with report of cases treated by tracheotomy. The discussion that followed the reading of the paper was taken part in by J. R. Rathmell, W. F. Westmoreland, H. B. Wilson, Frank Trester Smith and H. Berlin.

G. A. Baxter, of Chattanooga, "Treatment of the Omentum in Hernia Operations." The subject was discussed by W. T. Westmoreland, E. E. Kerr, R. M. Cunningham, H. Berlin, J. A. Goggans and Richard Douglas.

J. R. Rathmell, Chattanooga, "Serous and Watery Discharges During Gestation; Their Source and Significance." The discussion was taken part in by J. B. Cowan, Richard Douglas, G. A. Baxter and George R. West.

R. M. Cunningham, of Birmingham, Ala., "Recent Observations on Croupous Pneumonia, With especial Reference to Prophylaxis and Treatment." It was discussed by Drs. Nolen, Baxter, Westmoreland, Hope, Berlin and Boyd.

J. C. Le Grand, of Anniston, Ala., "Some of the Diseases of the Female Urethra." It was discussed by Drs. Berlin, Douglas, Goggans and Holmes.

W. F. Glenn, M.D., of Nashville, Tenn., Treatment of Venereal Bubo. It was discussed by R. M. Cunningham, J. W. Handley, R. J. Trippe, H. Berlin.

Dr. J. B. Murfree read a paper on "Diagnosis and Pathology of Fractures Near the Elbow Joint."

T. Hilliard Wood, of Nashville, "Pathology of the Sequelæ of the Purulent Inflammation of the Middle Ear."

G. C. Savage. of Nashville, "Treatment of the Sequelæ of the Purulent Inflammation of the Middle Ear."

The gentlemen taking part in the discussion were N. C. Steele, E. L. Jones, L. B. Graddy, W. F. Westmoreland, B. F. Travis, Wood and Douglas.

Willis F. Westmoreland, of Atlanta, "Treatment and Prognosis of Fractures About the Elbow." This paper and that of Dr. Murfree were discussed by G. A. Baxter, Richard Douglas, R. M. Cunningham, Murfree and Westmoreland.

Richard Douglas delivered the president's address, "Responsibilities of the Abdominal Surgeon." As president, he advocated that a committee should select two or three members to write on selected subjects for the annual meeting. He also thought it would be better if the annual meeting would change its place of meeting annually. The paper was discussed by W. E. B. Davis, G. C. Savage, W. C. Townes, R. M. Cunningham.

W. E. B. Davis, of Birmingham, The Treatment of Stone in the Hepatic Duct; and Cholecystotomy by Paul F. Eve, of Nashville were discussed by W. C. Townes, J. B. S. Holmes, Richard Douglas, J. A. Goggans, R. M. Cunningham, W. E. Bogart, G. C. Savage.

Frank Trester Smith exhibited a patient on whom he had operated for hernia of the iris.

J. W. Handly read a paper entitled, "Treatment of Varicocele."

J. B. S. Holmes read a paper entitled, "Movable Kidney."

All of the above papers were freely discussed.

Professional requirements necessitated our departure before the afternoon of the third day, at which time and at night, quite a number of other papers were read, followed by able and earnest discussions.

On motion it was ordered that a committee of five be appointed, to whom should be referred the new constitution for revision and amendment, also the recommendations of the president and said committee to report to the secretary on the morning of the first day, next year, who will have changes proposed

published. Action to be taken on the morning of the third day's session.

The following officers were elected:

President—J. B. S. Holmes, Atlanta, Ga.

Vice-Presidents—James A. Goggans, Alexander City, Ala.; Dan. H. Howell, Atlanta, Ga., T. Hilliard Wood, Nashville, Tenn.

Councillors—W. E. B. Davis, Alabama; G. W. Mills, Georgia; J. B. Murfree, Tennessee.

Secretary—Frank Trester Smith, Chattanooga, Tenn.

Treasurer—W. C. Townes, Chattanooga, Tenn.

Recorder—W. L. Gahagan, Chattanooga, Tenn.

The next meeting will be held in Atlanta, Ga., commencing on the third Tuesday in October 1894.

The committee appointed to draft suitable resolutions to the local physicians reported as follows:

For five years annually the Tri-State Medical society has enjoyed the hospitality of the medical fraternity of Chattanooga, a hospitality that is only bounded by their opportunity to share the liberality and magnificent hospitality which particularly characterizes the Chattanooga doctor. There must be something in the atmosphere or water, or more likely in the fact of this city being surrounded by these grand mountains which has the effect to draw out and develop the better qualities and higher instincts that belong normally to every man's heart, and these magnificent surroundings have succeeded in developing a body of medical men that are not only an honor to the profession, but have and are now giving to this beautiful city a reputation that has become national.

The Tri-States Medical society feels to-day as we have unloosed the cable and from this day forward we are afloat and will have our annual home in Georgia, and then Alabama, and that we fully appreciate the sensation of a child leaving the paternal home and going out into the world to try his fortune. We fully appreciate the importance of this step and as we leave the home nest and wander in other lands our thoughts, our affectionate rememberance and our prayers will center here and our thanks and gratitude and heart-wishes for the medical fraternity of Chattanooga will ever grow brighter and brighter as the years go

by. Be assured that in the heart of every member of the Tri-States Medical Society the memory of many kindnesses and splendid hospitality will ever remain a green spot, the memory a thing of beauty and a joy forever.

EXHIBITORS AT THE TRI-STATES MEETING.—The following standard and reliable houses were fully represented, not only by a full line of their special and excellent preparations, but by their courteous, polite and entertaining representatives: Doliber-Goodale Co., with samples of Mellin's Food, Dr. J. J. Jones; Tarrant & Co., with their excellent preparation of Hoff's Malt, and Tarrant's Seltzer Aperient, Dr. J. W. Fahr; Horlick's Malted Milk, by Mr. H. C. Van Dusen; Hayden's Viburnum Compound, so favorably and widely known, and Uric Solvent, Dr. Pollock; Tilden & Co., Mr. Glazebrook, and Messrs. Wm. R. Warner & Co., with their beautiful and most excellent pharmaceutical products. Mr. A. D. Roach, the representative of Messrs. W. R. Warner & Co., being confined to his room during the meeting by illness, the interests of his house were fully looked after by his companion, Dr. J. W. Fahr, of Tarrant & Co., who did the best he could for him, at the same time not neglecting the interests of his own house. It is needless to say that they made many friends in the Tri-States, who will be glad to see them all again.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

FALLEN FROM GRACE.—In our last number we published under the above heading a series of resolutions adopted by the faculty of the medical Department of the University of Tennessee, in which the name of the recalcitrant graduate was through a typographical error given wrong. It should have been *E. P. Rose*, of Dukedom and not *E. F. Rose*.

HERPES ZOSTER.—Dr. Ohmann Dumesnil, in a valuable article on Herpes Zoster in the *Quar. Atlas of Dem.*, recommends Peacock's Bromides as a nerve sedative when the prodromic symptoms appear.

N. F. GRAHAM, M.D., Washington, D. C., says: "I used Papine in a case of Dysmenorrhea, for the relief of which I had previously used all the preparations of opium, and can say that it relieved the pain as promptly as morphine without leaving any bad after-effects, as was the case when I had previously precribed other forms of opium."

SENNINE.—"The New American Antiseptic" is a product of Phenol and Boracic Acid, the two best germicides known—in powder form (2 oz. tin boxes with inner top perforated convenient in applying on the wound surface), and readily soluble, five parts of Sennine dissolved in one hundred parts of water. Comparatively inexpensive. Non-poisonous and free from disgusting odor. Safe internally as well as externally, thus promising much in general medicine as well as in surgery. We bespeak an early trial of Sennine by our patrons. Free sample sent upon application to the Dios Chemical Co., St. Louis, Mo.

F. HARRISON OWEN, M.D., of 34 Dexter Avenue, Montgomery, Ala., writes: "I have frequently prescribed Antikamnia in la grippe with gratifying results."

AMENORRHŒA.—

℞ Fl. Ext. Aloes..... ℥j.
Dioviburnia..... ℥viij.
M.
Sig. Teaspoonful four times daily.

A HOMŒOPATHIC SQUIB.—"I will come on first train," said a physician through the telegraph, "but in the mean time let her have apis." The young lady operator blushed and never spoke to him again.—*N. Y. Med. Times.*

DR. E. M. NELSON says: I have tried your Elixir Three Chlorides, R. & H., and have been so fully satisfied with its action that I prescribe it almost daily in some of the conditions for which such an alterative tonic is indicated.

St. Louis, Mo., September 7, 1891.

CHLORO-PHENIQUE (deodorized) is now endowed with a pleasant odor, and has so established itself in public favor, that it is no longer objected to on account of its smell. It is pleasant and efficient, and the increased sales of late are the best indications of its value and appreciation as well as of its effectiveness as shown by the demand for it by physicians. If you want a good antiseptic, use it and you will never use any other.

PLANTEN'S CAPSULES for over half a century have been known to be reliable. They are the best of American manufacture as well as the cheapest. All kinds of soluble-hard; elastic-soft and filled capsules are made by H. Planten & Son, New York, N. Y.

Reviews and Book Notices.

ESSENTIALS OF BACTERIOLOGY. a concise and systematic introduction to the study of micro-organisms for the use of students and practitioners. By M. V. BALL, M.D., Physician to the Eastern State Penitentiary at Philadelphia. Second edition, 12 mo. cloth, pp. 205, with eighty-one illustrations, some in colors, and 5 plates. Price $1.00. W. B. SAUNDERS, Publisher, 925 Walnut Street. Philadelphia. 1893.

We have had occasion to call the attention of our readers to the first edition of Dr. Ball's excellent little work. In this second edition, the result of the last year's earnest work have been embodied, and the way in which the first edition was received assures the success of this, which is a concise treatise on the practical bacteriology of to-day. It is the result of experience gained in Berlin under the guidance of Koch and Frankel; and of information gathered from other original German works as well as French bacteriologists. It is just such a work as the student needs.

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

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DEERING J. ROBERTS, M.D., - - *Editor and Proprietor.*

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Original Communications.

CAUSE AND PREVENTION OF OPHTHALMIA NEONATORUM.*

BY L. B. GRADDY, OF NASHVILLE, TENN.

Ophthalmia Neonatorum is one of the few subjects in ophthalmology about which there is but little that is not known. Still the importance of the subject is so great that it will bear frequent and emphatic repetition. Indeed, until within the last few years it assumed proportions worthy the consideration of political economists, when from twenty to seventy-nine per cent. of the blind of different countries were made so by this disease.

*A paper read at the meeting of the Tri-States Medical Society of Alabama, Georgia and Tennessee, held at Chattanooga, Tenn., October 17, 1893.

Even at the present time, if we examine the inmates of any institution for the blind, we find that many of them owe their unfortunate condition to this disease. While the percentage of cases occurring has been almost incredibly reduced during the last few years, it is still too high. But "eternal vigilance" is as much the price of health and useful organs as it is "of liberty." And in the prevention of this disease, if any where in the domain of medical practice, is eternal vigilance demanded of the accoucheur. From what has been accomplished within the last few years, there is ground for believing that the disease might be prevented altogether. But so long as Justice closes her eyes to the punishment of ignorance, yet permits ignorance to inflict the direst of all punishments upon the helpless innocent, just so long will diseases prevail that might be blotted out—relegated to the charnel of the past to serve as mile-stones on the brilliant highway of progressive medicine.

In speaking of ophthalmia neonatorum, I think we should be understood as referring to those cases of conjunctivitis appearing not later than the third day after birth, which soon assume a purulent and virulent character. Seventy hours is the incubation period of the poison, which is doubtless the cause of all these cases, and if purulency appear later it is the result of careless handling of the infant's eyes by its attendant, though the poison may have come from the same source as if it had been inoculated at the time of, or immediately after birth, and we are helpless in the prevention of it.

Other forms of conjunctivitis are met with at this early age, but I prefer to pass them with a mere mention of the fact, because I fear that the subject of ophthalmia neonatorum has already suffered from a lack of emphasis by massing together these varying degrees of conjunctival inflammation by leading to an optimistic rather than pesimistic view, resulting naturally in less vigilant attention than it would otherwise have received. Still, as the mild and severe forms can not be distinguished the one from the other in the early stages, every case of conjunctival irritation in the newly-born should, in my opinion, receive the same vigilant attention that it would if we *knew* it to be a case of beginning purulency.

Cause.—There is no division of opinion among authors, so far

as I know, as to the etiology of ophthalmia neonatorum, yet while some are reasonably conservative others are unreasonably extreme in their views, *e. g.*, I take it that no one can accept the view of that great master in his art, DeWecker. He says: "The ophthalmia of newly-born children, when it assumes the true purulent character, requires no separate description from gonorrhœal ophthalmia. If more infants are not attacked with purulent ophthalmia—*for their mothers one and all expose them to the risk of it**—it is because the infant instinctively curls its eyelids inward." This extreme view is the height of folly. For we not only know that but few women have gonorrhœa, but that many have no abnormal vaginal discharge at all; and what is more, we know that normal vaginal secretion will not produce purulent conjunctivitis. I sometimes wonder whether this was a slip of the great master's tongue or of the translator's pen. That inoculation plays the sole part in the production of this disease there can be no doubt. The infant's eyes become inoculated either during its passage through the genital tract, or directly after birth, "*most likely* with gonorrhœal, *possibly* with other discharge." That other pathogenic organisms will produce purulent conjunctivitis I shall not attempt to prove or disprove, but the gonococcus has been so constantly found in the discharge of ophthalmia neonatorum that it has come to be regarded as the *materies morbi* in every case; and I have no doubt it is. There is no difference in the clinical history or pathological conditions between gonorrhœal conjunctivitis and ophthalmia neonatorum. Bright light, dust, vitiated air, etc., will do very well for the laity, and furnish us with innocent terms for the preservation of the family peace, but back of this we have the knowledge that the seventh commandment has probably suffered violence. Still, in view of the possibility that other pathogenic organisms than Neisser's gonococcus *may* produce purulency, we should regard with anxiety every abnormal vaginal discharge existing toward the close of pregnancy.

The opinion that the infant's eyes become inoculated during its passage through the genital tract, should, I think, be accepted with a marked degree of conservatism, if not positive doubt. In-

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*The italics are mine.—L. B. G.

asmuch as the child's eyelids are agglutinated by the parturient secretions, the probability of inoculation at this time is extremely slight. I do not deny that it is possible for the child to open its eyes, but before admitting it I should be glad to have stronger proof of the fact than has yet been adduced. I am of the opinion that inoculation always takes place during the washing process, when the child is alternately contracting and relaxing the eyelids by the act of crying. However this may be, we do know that the carelessness and ignorance shown by midwives and nurses in the case of the newly-born is appalling; quite sufficient if we accept DeWecker's dictum, to make us wonder that purulent conjunctivitis of infancy does not blind half the human race.

Prevention.—From what has been said of the etiology of ophthalmia neonatorum, different prophylactic measures will suggest themselves. We have to select reliable disinfectants and antiseptics and consider the means, time, and duration, of their application. Attention to the expectant mother is not without importance. In every case when there is an abnormal vaginal discharge, the vagina should be irrigated twice a day for some days before confinement with an antiseptic lotion. I know of none better for this purpose than a solution of carbolic acid, say 1:120. In cases of profuse vaginal discharge of a suspicious character, the irrigation should be practised several times during confinement, according to the duration of the labor.

Upon the birth of the child we are brought face to face with the enemy, and, as we have the choice of weapons, there can be but little doubt of our success in the combat. In selecting an agent for the destruction of micro-organic vitality, we must consider what length of time contact of the agent with the microbe is necessary for its destruction. That agent which is most quickly destructive to micro-organisms, and least irritating to the skin and conjunctiva should be the one of our choice. Chlorine water and the various salts of mercury justly occupy a high position as disinfectants, and are admirably adapted to the requirements of surgery. Their application can be prolonged sufficiently to destroy micro-organic life without producing troublesome irritation of the tissues. But when applied to the conjunctiva in the strength ordinarily used in surgery, they are not only very irritating to that membrane, but unreliable as disinfectants, owing to the short time during which the organisms are exposed

to their action. To illustrate: "A solution of bichloride of mercury, 1:1000, destroys vitality after an exposure of one and one-third minutes. Chlorine water destroys vitality in about the same time as bichloride of mercury."

Some of the other salts of mercury destroy the vitality of micro-organisms in somewhat less time, but they are all irritating and all are unsuited for use in the conjunctiva. Nitrate of silver stands at the head of the list of disinfectants in the prevention of ophthalmia neonatorum. A 2 per cent. solution of nitrate of silver destroys vitality in exposures of eight seconds. A 1 per cent. solution destroys vitality in exposures of twelve seconds. One drop of a 2 per cent. solution in the conjunctival sac constitutes the well-known method of Credé, by means of which he succeeded in reducing the percentage of cases occurring in the lying-in hospital of Leipsic from 7.5 per cent. to 0.5 of one per cent.

It is claimed by those who have tried weaker solutions than Credé recommended that they are not so reliable. The fault lay, I dare say, in the duration of contact; a 1 per cent solution requiring a time once and a half as long as a 2 per cent. solution to destroy the organisms. The 1 per cent. solution is just as effective if we only prolong the time of application. Believing, as I do, that inoculation takes place after birth, I would suggest a modification of Credé's method. I would recommend that the eyelids, eyebrows, and the surrounding skin be irrigated with a 1 per cent solution of nitrate of silver before the child's eyes are washed, keeping the solution in contact with the surface at least twelve seconds. This having been done, the eyes may be washed with clean water, and the additional precaution taken of putting one drop of the solution in the conjunctival sac, again keeping it in contact with the tissues twelve seconds.

The experience of Credé and others in the almost phenomenal reduction in the number of cases occurring in various lying-in hospitals, attests the great value of this remedy in the prevention of ophthalmia neonatorum, whether it be due solely to Neisser's gonococcus or to some other pathogenic organism, and leads to the belief that with proper care inoculation of infant's eyes, during or immediately after birth, would become a matter of history only. We are as unable to prevent inoculation some days after birth as we are to prevent inoculation of adult's eyes.

NON-SYPHILITIC VENEREAL ULCER—REPORT OF A CASE.

BY W. FRANK GLENN, M.D.,

Professor of Venereal Diseases in the Medical Department of the University of Tennessee.

On June 5th I was consulted by a gentleman, 30 years of age, on account of a sore on the prepuce. On examination I found what seemed to be a typical Hunterian chancre. Upon further examination I found no induration of the lymphatics of the groin. The period of incubation had only been about ten days. I, therefore, decided not to use any constitutional treatment until some other substantiating symptom offered. Thus, we waited, treating the ulcer by thoroughly cleansing three times daily, and applying at different times aristol, europhen, iodoform, salicylic and boric acid. We also applied, every alternate day for about ten days, a saturated solution of nitrate of silver. The ulcer healed very slowly, it requiring two months. The induration beneath the ulcer became very marked, being as large as the end of the fore finger, and typical in its character. I did not mistake swelling or hypertrophy for induration. It was isolated, very hard, not sensitive, and could be defined in its boundaries perfectly. After the ulcer finally healed, the induration still remained for nearly six weeks.

While I thought it must be syphilitic, I determined to be sure in my diagnosis before commencing constitutional treatment, so I patiently awaited the appearance of secondary symptoms. Now, the 9th day of November, five months since its first appearance, there has not appeared the slightest secondary symptom, the induration has disappeared, and the patient is perfectly well. I do not believe he has syphilis. He never has gone through a course of treatment for syphilis.

I have seen two similar cases, but neither were so well marked as this one.

We draw from the history of this case the following important deductions:

1. We must never be hasty in diagnosticating a case of syphilis.

2. We must never put a patient upon anti-syphilitic treatment until we *know* he has syphilis.

3. We cannot depend on any one or two conditions to diagnosticate syphilis, but must be fortified by a number.

4. If we have not a sufficient number of symptoms in the primary stage we should always wait for secondary manifestations before we begin constitutional medication.

The strongest aids to a diagnosis are a period of incubation of twenty-one days, typical appearance of the initial lesion with or without induration of its base, and within two weeks after the appearance of the sore, enlargement and induration of the inguinal lymphatics. The period of incubation we can seldom get correctly. Usually when we have only one sore of a characteristic appearance, and in due time distinct induration of the lymphatics of the inguinal region, we can regard the case as syphilitic. But, if for any reason we are led to doubt, we are always safe in waiting for the appearance of secondary manifestations to verify our diagnosis.

STRICTURE OF THE PYLORUS—REPORT OF A CASE.

BY A. J. PARKER, M.D., OF SPENCER, TENN.

Mr. J. A., aged 51, occupation school teacher, consulted with me in August, 1893, stating that he had had a strange stomach trouble for about three years. Said his stomach did not feel right after eating, but did not pain him; it was only a sensation of weight or discomfort. He had frequent attacks of pyrosis, but did not vomit or spit up his food. His bowels were constipated; and for a few weeks he had felt worse than usual; ate but little and was never hungry.

On palpation I could not detect any distension of the stomach, nor was there any tenderness or pain in making deep pressure in the epigastric region. Percussion gave the normal sound.

A few days later he had an attack of intermittent fever, of a mild form. The fever was stopped in a few days, but his appe-

tite did not return. He began to vomit. At first, vomiting every two or three days, but soon afterward more frequently.

He apparently gained some strength after the fever, though he lost flesh continually, and soon began to lose strength rapidly. By September 20, the patient was emaciated very much. He was so weak that he was confined to bed most of the time, and constantly nauseated except from two to six hours after vomiting. The vomiting attacks became more and more frequent till they averaged two each day.

October 2d, he vomited some green corn, which he stated was eaten September 22d, and two days later vomited some more green corn that he had eaten at the same time.

An exclusive diet of peptonized milk, and rectal alimentation with the same did not improve his condition. He vomited the milk, and the rectal enemata soon proved unavailing.

The patient died October 12th.

October 14th, assisted by Dr. R. E. Lee Smith, I made a post mortem examination, which revealed nothing except stricture of the pyloric orifice of the stomach. On removing the lower end of the stomach with a part of the duodenum we found that the pyloric orifice would admit a probe only one sixth of an inch in diameter. We found no scar, such as would have resulted from an ulcer, but the mucous membrane in and a little above the pyloric orifice was thickened, indurated, and contracted.

GENERAL ANÆSTHESIA—REPORT OF A CASE.

BY HAZEL PADGETT, M.D., OF COLUMBIA, TENN.

Sam. P., colored, aged 42, day laborer, family history negative, previous to last February never had any sickness at all, and at that time he began to complain of an uneasy feeling (pain) around both ankles. This pain gradually extendéd up both legs, and he then felt it at the upper part of the crests of the tibiæ. No pains anywhere else. The thing that attracted his attention was an incöordination in walking to a slight extent, which he attributed to rheumatism, just a supposition on his

part, as no physician had ever even examined him till I saw him, several months after the onset of his troubles, when I found him in this condition: Patient up and walking around his room, a general anæsthesia of the cutaneous surface, could not feel the pricking of any sharp instrument except in a very few isolated spots, and only then when very firm pressure was made, and the patient could not locate the spot when the needle was sticking him. The mucous membrane of the mouth was also anæsthetic, so he could not tell what he was eating (simply chewed mechanically), and he could not feel the prick of any sharp instrument in his mouth. The nasal mucous membrane was also anæsthetic, and even touching the ocular conjunctiva did not elicit any manifestation of feeling. Had incontinence of urine, and when his bladder became filled he had no desire to micturate. Had no control over his bowels when they wanted to move, and often he had no desire to defecate. All reflexes, except the iris, were increased. Ankle clonus and knee-joint markedly increased; in fact, you could almost obtain paradoxical contraction at the ankle, so much exaggerated were his ankle reflexes. His pupils responded very slowly to light, and his left pupil was a little larger than the other, but that soon passed off. There was no palsy or paralysis of any muscle or group of muscles. Heart and lungs normal. Chemical and microscopical examination of urine revealed nothing of a pathological nature. All abdominal organs healthy. At no time when I saw the patient did he have any rise of temperature. Cerebration was perfect, and patient has never spent any time in bed. In conclusion, for the benefit of my readers, I will say that the patient is not hysterical, nor has he any signs of any metalic poisoning.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

Society Reports.

THE NASHVILLE ACADEMY OF MEDICINE.

MEETING OF NOVEMBER 2, 1893.

Reported by Will D. Haggard, Jr., M.D., Secretary.

President, J. R. Buist in the chair.

Dr. Paul F. Eve presented a case of

REMARKABLE RECOVERY FROM AN EXTENSIVE INJURY OF THE SKULL

which he had reported at the preceding meeting as follows:

September 29th he attended a man injured near Edgefield Junction. He found him suffering with shock, and upon a cursory examination discovered several wounds upon the head and face. One of these wounds over the occipital bone, upon the left side, developed on this examination, fracture of the external table. As soon as possible, after stimulation, he was removed to the City Hospital, and introduced at his surgical clinic. The scalp was shaven and antisepticized. The patient being in an almost unconscious condition, anæsthesia was unnecessary. A wound on the left side of the frontal bone, an inch above the orbit, revealed a fracture of both tables of the skull. A contusion of the scalp extended from this wound to the one in the occipital region. Pressure along this contusion gave unerring signs of fracture. The scalp was laid open along this contusion from the anterior to the posterior wound. With forceps and elevator piece after piece of bone was removed aggregating an area 2x6 inches long, including portions of the frontal, temporal, parietal and occipital bones. The dura was dark and shreddy, containing two or three opening from which grumous blood issued. A fracture of the orbital plate was also discovered. The edges of the bones were rasped and trimmed as

smooth as possible, the wound gently packed with iodoform gauze and scalp sutured in place. His temperature was 95° F.

Stimulation was freely used. Reaction in eighteen hours and the patient's condition became more favorable. On the fourth day he was enabled to give his name and place of residence. His recovery was very rapid after this date. His temperature never rose above 101°. The wound healed with only one point of suppuration. Dr. Eve then pointed out a slight formation of bone at the posterior extremity of the wound where a portion of the pericranium was preserved. He was of the opinion that the wound was made by assault and violence, and not by a railroad accident. The patient relates meeting a man near Edgefield Junction, who walked with him to the station. After arrival there, and sitting down, his companion asked the time. He guessed 5:30 P. M., as it was getting dark; the stranger questioned it and insisted that he should consult his watch. He did so, replaced it and remembers no more. He was found some distance from the station, near the track, and a long heavy iron pin with a tap or nut on the end of it, covered with blood close by him. His watch and money were gone.

The privilege of the floor was extended to Dr. Whitehead, who conducted the after-treatment of the case at the hospital.

Dr. Whitehead said the recovery seemed wonderful in view of the extensive nature of the injury, and the fact that the dura was lacerated with effusion under it. While he suffered greatly he was never unreasonable or unconscious, and showed marked evidence of understanding everything around him.

President asked if there was any paralysis or paresis of the right side.

Dr. Whitehead replied there was not, but a dimness of vision of both eyes. Pupils responed to light and shade. After the operation he evinced an understanding of all questions addressed to him, but has endeavored to conceal his identity. Perhaps some misfortune prompted him to conceal points purely in his own behalf.

Dr. Savage: The field of injury did not embrace the centre of sight, which is situated higher up, in the occipital region; but the fracture of the orbital plate, extending back to the lesser wing of the sphenoid might have affected the optic nerve.

He thought it remarkable that there was no aphasia and an impairment of mentality was to be expected.

Dr. Glenn explained that the man was left-handed and the center of speech was possibly on the right side.

Dr. Richard Douglas thought the case remarkable and commendable to Dr. Eve. It raised the interesting question of how to determine the cause of an injury, which was frequently very important from a medico-legal aspect. A passing locomotive would cause about as extensive an injury as was compatible with life. He asked Dr. Eve how he could discriminate the nature of the injuring body.

Dr. D. J. Roberts did not see how he could have received an injury so high up, from a moving train, without injuring more of the body. He would have to have been on his hands and knees, and to have been knocked out of the way of the train, and that would have caused greater injury to the body. It was reasonable to suppose that a long narrow iron pin, such as are frequently found about a railroad, would have made just such a wound, crushing the bone. He thought the circumstantial evidence of the pin, bloody and near by, the conversation just prior to the injury, the exhibition of the watch, and the fact that watch and money were gone afterward, was confirmative.

Dr. G. P. Edwards said that there was nothing characteristic about a railroad injury. All classes and forms of fracture of the skull and other bones could be produced by an engine. He didn't think such an accident could be excluded in this case, save by the circumstantial evidence. While a railroad surgeon, out West, he saw a case struck by the pilot of an engine, very like this, which got well.

Dr. L. B. Graddy thought it was impossible to make such an extensive wound by a piece of wood or iron in the hands of an ordinary individual.

President Buist suggested that when struck by an engine there is generally some contusion about the body.

Dr. Eve (closing discussion): Supposing the blow to have been struck from behind, the nut on the iron corresponds to the triangular wound in front, and there was a wide contusion leading back to the posterior fracture. Owing to the oval contour of the head, the lacerations were at the extremities of the wound,

the contusion between. He had seen a similar wound from a base-ball bat fracturing both tables. A railroad injury would not account for the incised wound on the other side of the head.

President Buist reported a case of

HEMATOMA OF THE RIGHT OVARY — REMOVAL — RECOVERY; PERITONITIS FROM MURAL ABSCESS—CŒLIOTOMY THE SECOND TIME—DEATH.

September 24th, at 2 o'clock, A.M., called to a woman in collapse, vomiting, pain in right side. Temperature 100°, pulse 92. Diagnosis: appendicitis. There was history of similar trouble previously. He gave an opiate and restoratives. Reaction at 10 A.M. Vaginal examination revealed tenderness of cœcal region. Ice bag and salines.

On 27th, Dr. Douglas was called in. The uterus was fixed, tumefaction in right side. His diagnosis, pelvic peritonitis, was adopted, and she was put on hot douches and tamponades. She left her bed on 30th and attended to domestic duties.

On October 8th, the tumor had increased, fluctuation was discernible, and operation advised. She was removed to the Hospital of the Good Shepherd where cœliotomy was done on the 13th. There was evidence of recent peritonitis, and the right ovary was surrounded by old adhesions. It was as large as a hen's egg, ligated at the hilum and severed. It was first excised; a colloid substance escaping. It had numerous cavities which contained blood. Good recovery.

On 17th day she was taken with pain in the abdomen, with tympanitis and vomiting, and had three or four small evacuations. Nothing was discernible by vaginal examination. Temperature 97°, pulse small and frequent. Enema brought soft action from upper bowels. The pain was high above the navel. He supposed it mechanical obstruction. Next day (Monday) temperature 99°, pulse 120 to 140. Tuesday one small action; no obstruction; abdomen softer. In the afternoon she was worse. Dr. Douglas suspected septic peritonitis. At 7 o'clock that night the abdomen was reöpened by an incision from the umbilicus to the upper extremity of the old cicatrix. A pus sac was opened containing half an ounce. The intestines were distended, dark and livid, indicative of peritonitis. Irrigation brought out

a few flakes. She sank on the table, and the operation was speedily terminated. She reacted slightly by 9 o'clock, but grew worse during the night, and died at 9 A.M.

The points of interest are, that a stich-hole abscess infected the peritoneum, causing an intense peritonitis with sub-normal temperature. On the 7th day, temperature rose to 102°. There was pus in a stitch which was removed. Drain tube only remained thirty hours. The operation closed early.

Dr. Eve asked: What kind of suturing material was used?

Dr. Buist: Silk-worm gut which was immersed in hot bichloride solution for a half-hour before operation.

Dr. Eve: Had a number of misfortunes with silk-worm gut, but has had very little trouble with silk.

Dr. W. D. Haggard said mural abscess formerly gave him some trouble. He now uses silk-worm gut exclusively with uniformly good results. Stitch-abscess is unquestionably due to sepsis, and may cause leakage through the peritoneum, as in Dr. Buist's case. The sub-normal temperature is rather unusual. It is sometimes inexplainable, but should not daunt us. He places more dependence on the pulse.

Dr. Douglas: Whether a case of this kind demands surgical interference, or will be relieved by medicine and time, is a vital question. It takes a bold surgeon to open the abdomen the second time. He attached considerable importance to the temperature. It is never sub-normal without a serious cause: Strangulation of gut, septic peritonitis, ruptured blood vessel (ectopic), and generally means death, without prompt relief. Like Dr. Haggard, he accords more significance to the pulse. The temperature is sub-normal in septic peritonitis. In intestinal obstruction, not until after strangulation. In both there is tenesmus, distressing nausea and sometimes green vomit. The constipation *may* be absolute in septic peritonitis, from paralysis from distension. Purgatives will not act, nor a response be obtained from enemas. Distention is not necessary, absent as a rule. In intestinal obstruction the distention depends upon the site of obstruction. If high up, it is not so likely as if located in the ileum or colon. Ordinarily there is more tympany than in the early stages of peritonitis. Palpation decreases muscular rigidity. Accumulation of serum above produces dullness. In septic peri-

tonitis the preceding history is indicative of suppuration. As a rule no such history accompanies intestinal obstruction. The nausea and vomiting subsides after the onset of peritonitis, while it persists in obstruction and the patient sinks rapidly.

Dr. Buist's case is a sad one. A woman, practically well from an abominal section, infection from a mural abscess, and death. It should impress the fact, that the most serious consequences are sometimes from the most trivial cause.

Dr. G. P. Edwards had never seen a bad result from silk-worm gut. He attached more suspicion to the eye of the needle introduced from within. He always considers a sub-normal temperature a symptom of intestinal inflammation. Its seriousness is augmented by a fast pulse. The sub-lingual temperature may be sub-normal when the rectal is not, which is due to mesenteric engorgement. He alluded to a case he had recently operated on, with temperature 96½°, in which he found considerable mesentric engorgment. He laid stress on careful sterilization of instruments to prevents unfavorable results.

Dr. Buist, in closing the discussion, said he excluded the presence of pus, as there was no dullness save a slight amount in the right flank and hence he attributed it to volvulus. In reference to the preparation of his needles, he stated that after boiling with the other instruments, they were arranged in a sterilized towel. It was impossible to say how the infection came about.

Dr. G. C. Savage reported a case of a

WOMAN WITH A SLIGHT ERROR OF VISION,

for which ground glasses were adjusted; there was also a deficiency of the oblique muscles for which a system of ocular exercise was instituted. She was the subject of habitual constipation and a permanent urticaria. Since her return home she writes that for the first time in fifteen years, she is free from nettle-rash, and her constipation is gone. This is one of a number of cases he had recently observed with a sympathy between disorders of the eye and constipation, which had been discovered when the eye trouble was corrected.

By request he illustrated the method which he had recently introduced of exercising the ocular muscles for deficiencies.

Dr. J. S. Cain: The longer we live the older we get, and the

more we learn, but I never thought I would live long enough to learn to cure constipation by adjusting spectacles. He then considered the subject of reflexes and constipation seriously, but preferred belladonna, strychnine and aloes for the latter.

Dr. L. B. Graddy: Several months ago Dr. Buist reported a case of hyperæsthesia of one-half of the upper lip; whenever the mustache was touched ever so gently it produced a severe shock. He saw the subject a few days ago and he is entirely well. For thirty years he has worn a high silk hat. Recently he had occasion to lay aside the silk tile and the hyperæsthesia disappeared. When he resumed the silk hat it reappeared, but now he is entirely well as he wears a soft hat constantly.

Correspondence.

REMEDY FOR SCARLATINA.

[The following communication is from one of the oldest, most experienced and practical general practitioners in this State. An alumnus of "Old Transylvania," who for more than half a century has been regularly engaged in general practice, he has been a close and most careful observer at the bedside, and his clinical experience has been such that I place a higher estimate on his opinion than anyone whom I have known. I take pleasure in placing the letter entire before my readers, although it was written for my own benefit, and although in so doing, I make use of his correspondence as end justifies the means. The writer has many acquaintances in the medical profession of this state who I know will place sufficient value on his suggestion to give it trial.—Ed. S. P.]

Saundersville, Tenn., Nov. 5, 1893.

Dr. D. J. Roberts:

Dear Sir: Hearing that scarlatina was prevalent in Nashville I suggest a remedy which I think will aid in the successful treatment of the disease. I have seen but one case in several years

and used it in that case, and never saw more marked benefit from any remedy. The case recovered without any after trouble.

℞. Muriated Tinct. Iron } aa ..... ℥i.
Tinct. Cinchona }
Quinine Sulph ..... ℥ii.
Aqua Dest ..... ℥vi.

M. S. Sponge the patient from head to heels several times a day, and in convalescence or before if thought advisable, give a tablespoonful three or four times a day to grown persons; children in proportion.

It would be an excellent gargle at any time. If it meets your approval try it and let me know the result.

Truly, your friend,

JAMES FRANKLIN, M.D.

Selections.

REMOVAL OF THE UTERUS AND ITS APPENDAGES FOR PELVIC INFLAMMATORY DISEASE.*—It was supposed when we had all learned the lesson that Mr. Tait fought so long and valiantly to teach us, that the question of the treatment of pelvic inflammations and their ravages had been finally settled. The removal of the displaced and adherent Fallopian tubes and ovaries, which contained pus or whose tissues were hypertrophied and infiltrated with chronic inflammatory products, soon became a common procedure and the technique of the operation was so rapidly pushed to perfection that many operators arose whose results successfully rivaled those of Tait himself. Large numbers of women who had formerly been doomed to a hopeless invalidism were now restored to health and useful lives. So frequently were these happy results obtained and reported to an expectant profession that sight was lost altogether, for the time, of certain cases, afflicted with these same diseases, on whom the same operation had been performed, but were not blessed with the same good results as their more fortunate sisters. The glamor of success of an entirely new and brilliant procedure so

*Read before the Obstetrical Society of Philadelphia, October 5, 1893.

greatly overshadowed these poor sufferers that time was necessary before attention could be directed towards them. As is often the case the new procedures were the first to point out this class, not from any particular desire to aid in the complete solution of the problem, but from a spirit of criticism which says, "Lo and behold! thy vaunted remedy has failed." It had failed to a certain extent, it is true, and the taunt sufficed to draw closer attention to the failures and a deeper study as to why they had failed.

You are all of you cognizant of patients in your practice on whom an abdominal section has been performed for pelvic inflammatory disease, who consults you for continued bleeding, leucorrhœal discharges (often profuse) and pain—women who have had the operation performed for these symptoms, and who complain now, three months, six months, a year after the operation, of the same kind and the same amount of suffering. You are familiar with such cases, coming both from your own practice and that of your neighbor. They come into the public clinics in considerable numbers complaining of the operator and refusing to return to him for the reason that they had thought the operation would cure them, and because it had not their doctor was to blame, as usual, and as a matter of course. These are the same patients who are held up to us as a proof that our method of treatment is wrong and has failed and should, therefore, be condemed in toto. The time has not even yet passed when we must submit to just such spurious criticism.

But, as a matter of fact, a certain too large proportion of our patients still remain uncured by a simple removal of the uterine appendages: and let me emphasize the fact that I am now discussing a class of patients who have an easily demonstrable amount of disease of these organs—no reference is intended to that too numerous class on whom operations are performed for symptoms alone, no disease being found by a physical examination and none capable of clear demonstration even after the organs have been removed.

Local applications to the uterus after a cœliotomy for removal of the appendages has been tried, with no greater success than the same amount of treatment before the surgical procedure. Currettement of the womb has been followed with little more

encouraging results. I have adopted this course in some six or ten cases, and have not been able in a single one to say that I had cured the woman. The majority of them ceased coming for treatment long before any decided result had been obtained. During the past winter it was my misfortune to see a number of these women who had been unrelieved or only partially relieved in spite of the fact that a complete and clean removal of both appendages had been made and that the remaining uteri were freely movable. No trouble could be detected in the pelvis by a most careful and repeated physical examination.

After applying local and general treatment to several of these women, until we were both discouraged and disgusted, I, in despair, suggested that the womb itself be removed. I was led to this decision from the fact that I had known some months before of a case on whom my colleague, Dr. Baer, had performed several abdominal sections in, I think, a neurotic case, without obtaining much relief, and upon whom he had finally performed hysterectomy with an extremely satisfactory result. This, in addition to the work being done in France in the way of hysterectomy for pelvic abscesses, evidently influenced my thoughts in this direction. The woman to whom I proposed the operation had had her original operation for suppurative uterine appendages. Months after her operation she still had a large uterus, irregular bleeding, profuse leucorrhœal discharges, great backache and pelvic bearing-down pains. The uterus was removed by supra-vaginal amputation low down into the cervix, and dropping the stump back into the pelvis. Her recovery was an uninterrupted one. The bleeding and leucorrhœal discharges ceased at once, and the pelvic pains and backache almost entirely disappeared, the little that remained of them being evidently due to the menopause. Encouraged by this result, I have continued this line of treatment up to the present time, and have now had sufficient experience to feel warranted in recommending the procedure to your careful consideration and trial. In two cases have I removed the uterus subsequent to a simple removal of the appendages. Six times have I removed it at the primary operation.

It is well known that in pelvic inflammation the disease firs affects the womb, and secondarily invades the Fallopian tubes

and the pelvic peritoneum. Not only is the endometrium affected, but the inflammatory products invade the deeper structures which go to make up the uterine walls. If a suppurative process follows, these infiltrates undergo the same changes as do the same elements in the walls of the Fallopian tubes. The ease with which a ligature cuts through uterine tissue, when applied at the cornua in cases of pus tubes, is a well-known demstration of the truth of this. With a Fallopian tube and uterus, both of which are diseased by the same factor and to the same extent, is it rational to suppose that a cure is to be always obtained by the removal of the tube alone? Is it not common sense to remove the whole of the disease, and not only a part? Theory and practice both combine in this matter to force the conclusion.

It must not be understood that I recommend the removal of the uterus together with the Fallopian tubes and ovaries in all cases of pelvic inflammatory disease. In many cases the uterus has succeeded in throwing off the original infection, and is comparatively healthy. Under such circumstances the procedure is not indicated. But where an abdominal section is performed for the removal of the uterine appendages, and the womb is found enlarged and diseased, especially if it has been surrounded by extensive adhesions, and the freeing of it leaves large areas of denuded peritoneum, hysterectomy should be the operation of choice. But a single objection can be raised to this proposition, viz., the mortality of the operation. Can, then, hysterectomy be performed as safely as ovariotomy? Unhesitatingly I answer in the affirmative. My own hysterectomies now number more than eighty, with seven deaths. These deaths include the accidents incident to acquiring the skill and perfecting the technique; in a similar series the results will be infinitely better.

Beyond the question of mortality there can be no doubt as to the advisability of removing the diseased uterus. With its appendages gone it is an altogether useless organ, and even the old, familiar cry of mutilation and unsexing the patient has no place.

I am free to confess that since adopting this method of practice the field for hysterectomy has greatly widened. For instance, I assented and assisted in an operation for the removal

of the uterus in a woman upon whom seven abdominal sections had been performed without giving her relief. The uterus was enlarged, and was found to contain several small fibroid nodules, as large as a hickory nut, which had undergone calcareous degeneration. The patient was relieved at once, and continued so for some months, when she disappeared from observation.

Only last Sunday I performed an abdominal section for double ovarian cysts. One cyst proved to have grown into the broad ligament, while the second one was free. The uterus was very large, half as large again as normal. The operation was finished by making a clean sweep of both tumors, Fallopian tubes and uterus. The patient is convalescent, and is, I think, distinctly better without the womb, which I exhibit to you.

Looking at this matter as I do, it has been no great matter of surprise to me to find other operators adopting this procedure. Last spring, while visiting in New York, I found that Krug had arrived at much the same conclusion, and was following a like practice. During a recent visit to Chicago I discovered that Heurotin was working on the same lines, and I have no doubt but that after a winter's agitation on the subject most of the profession will be won over to a similar manner of thinking and to the same practice.—*J. M. Baldy, M.D., Prof. of Gynæcology in the Philadelphia Polyclinic in Annals of Gynæcology and Pædiatry.*

A New Bandage for the Treatment After Thiersch's Method on Tranplantation of Skin.*—The method of transplanting skin first introduced into medicine by Professor Thiersch enjoys such universal employment—possessing as it does advantages recognized on all sides—that it appears hardly necessary to here employ space stating its uses. Not alone can the surgeon with a host of skilled attendants at his side make use of this procedure for a patient's benefit, but as well the ordinary country practitioner, who is thrown entirely on his own resources for assistance.

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*Read before the Section in Surgery of the First Pan-American Medical Congress, by *Oscar J. Mayer, M.D., of San Francisco, Cal.*

Only the after-treatment presents some objectionable difficulties, in so far as the oft-necessary change of bandage has as a consequence that pieces already somewhat adherent are either in the removal loosened or else wholly torn away.

By means of the dry bandage, which remains five to six days, we—on extensive surfaces, for example—are rewarded, on an average, with the firm adhesions of about sixty per cent. of the transplanted pieces. With the moist bandage, with or without silk protective, whether using liquor alumini acetatis or an ointment, even with the most painstaking care, on the removal of the bandage we find that some pieces are torn away, while others are loosened to such an extent that they go over into necrosis and fall away.

In consequence, I have made an attempt to overcome this difficulty by means of an alteration in the bandage. After transplantation the bandage is so applied that contact with the wound or surrounding surface is avoided, the wound surface being bridged over.

A pillow of wool, cotton, or like material is placed one above and one below the surface operated upon. If the pillow is now bridged over by a slat of wood or firm pasteboard, and the whole made into a bandage *lege artis* and still further stiffened by a starch bandage, we shall have the wound well covered, yet contact can take place at no point. The bandage can be changed as often as necessary without disturbing the transplanted pieces—a self-evident advantage in this operation.

As, however, on extensive surfaces, for example, in ulcerations on the leg or arm, encircling the whole limb, a broad slat would not be practicable, whereas many narrow ones would present difficulties and require assistance, I have devised an arrangement by which small slats, cut appropriately, are pasted upon a piece of linen paralled and close to each other, so that the whole can be rolled.

As this bandage does not sit firmly over ulcerated surfaces in the region of the elbow-joint or of the dorsum of the foot, I have made use of strips of plaster-of-Paris, modeled appropriately and likewise resting on pillows. This latter method can be used with great advantage when transplanting is resorted to for covering extensive burns of the chest, back, or other regions of the body.

As a matter of course, the plaster strips must be modeled with due reference to the location for which they may be designed, so that they cause neither pressure nor other untoward symptoms.

One disadvantage has shown itself in this method, and must not be overlooked. In the operation of transplanting it sometimes happens that small pieces of transplanted skin lap over on to the healthy skin or upon one another. These overlapping pieces form small vesicles within the next twenty-four hours. These must be opened and the overlapping pieces carefully removed, when, if the granulating surface has been aseptic, a serum-like fluid, in a not aseptic condition a sero-purulent fluid or pus, exudes. In the transplantations which I have carried on antisepsis was not employed further than in *preparing* the field of operation. The pieces of skin were removed with a knife, dipped into a sterilized 0.6 per cent. salt solution, and immediately placed upon the granulating surface, paying particular attention that none of the pieces might overlap. After being bandaged from four to five days with the slat bandage, the transplanted pieces were so firmly attached that further treatment could be continued by means of a liquor-alumini-acetatis dressing, which could be removed without danger of loosening or tearing away the small pieces of transplanted skin.

The above-mentioned disadvantage which may occur with this method of bandaging is so slight in comparison to the advantages with the method offers that I may hope that the medical profession in general may obtain the same good results, and in making use of it save much time and labor.—*N. Y. Med. Journal.*

THE THERAPEUTICS OF GLYCOZONE, COMPOSITIONS AND CHARACTERISTICS.—Glycozone is defined by its discoverer, Mr. Ch. Marchand, to be a stable compound, resulting from the the chemical reaction that takes place when c. p. glycerine is submitted, under certain conditions, to the action of fifteen times its own volume of ozone, under normal atmospheric pressure at a temperature of O°C.

The necessity of using c. p. glycerine is imperative, as a presence of the water or other foreign matter in the glycerine causes the production in the resulting compound of formic acid, glyceric

acid, and other secondary products, that have a harmful effect upon animal tissues.

Glycozone has a pleasant, sweetish taste. Being hydroscopic it must be kept in tightly corked bottles, and, as long as it is kept in this condition, it does not deteriorate at a temperature of even 110° F.

Antagonists and Incompatibles.—Glycozone, like peroxide of hydrogen is a powerful oxidizing agent, although its action is not as rapid or as energetic in this respect as the latter compound. Consequently, we cannot safely prescribe it combined with any other drugs or chemical substances. Contact with metalic utensils decompose it. We must therefore use glass or hard rubber vessels and syringes when administering it.

Physiological Action.—When taken into the mouth and stomach glycozone causes a feeling of warmth. It excites a flow of saliva and stimulates the gastric secretions. Being hydroscopic it attracts to itself water from the surrounding tissues, but not with sufficient power to effect harm. This property is due solely to the glycerine base which enters into the composition. In very large doses, one or two ounces, it causes a feeling of distress in the epigastrium and is followed by loose, copious, watery stools, which are accompanied by severe cramps.

No effect is noted on the kidney, the liver or the heart. Glycozone is undoubtedly slowly decomposed in the stomach, ozone being liberated and the glycerine uniting with the water from the tissues. The morbid elements with which it comes in contact probably hasten this decomposition, and in so doing are themselves oxidized and destroyed. The free ozone in the stomach resulting from the decomposition of glycozone aids the digestive process by its presence.

Therapy.—Glycozone is, in the opinion of the writer, the best known agent for the treatment of gastric ulcer. It is also one of the best remedies for the treatment of catarrh of the stomach, of chronic alcoholism, and for chronic gastric catarrh from other causes. It is excellent for atonic dyspepsia, and for acid dyspepsia. The writer has seen very gratify results from its use in these distressing maladies.

In catarrhal and other stomachic diseases exeept gastric ulcer, the remedy is best administered in one or two teaspoonfuls in a

wine-glassful of water immediately after meals. In the case of gastric ulcer the dose and dilution should be the same, but it is better to give it when the stomach is empty, an hour or so before meals.

Glycozone has an excellent effect when used internally in cases of diphtheria. For this purpose a tablespoonful of glycozone is given in a wineglassful of water every three hours. As it is perfectly harmless it may be used without apprehension. The following treatment is excellent in cases of membranous croup: The nose, throat, mouth, pharynx, and larynx should be sprayed copiously every two hours or so with a mixture of one ounce of Merchand's peroxide of hydrogen (medicinal), with four to six ounces of water.

The membranes are readily destroyed, and by using this remedy freely, their reproduction is prevented. Then one teaspoonful of glycozone, diluted in a wineglassful of water, administered three times a day, prevents any disturbance of the stomach and regulates the bowels.

Remarkable benefit may be derived in the treatment of diseased conditions (ulceration and chronic inflammation) of the rectum and lower gut, by enemata containing glycozone, and for this purpose nothing excels the following formula.

Glycozone, 1 ounce.
Water, lukewarm, 12 ounces.

This should be be mixed immediately before using and administered with a hard rubber syringe once daily. It is frequently desirable to use a smaller amount than the above mixture. The proportions 1 to 12, however, should be maintained. In cases of fistula-in-ano and of rectal ulcerations low down, an ounce of lukewarm water containing a drachm of glycozone administered once or twice daily soon effects good, and in cases of ulcer, pure and simple, may be expected to radically cure the diseased conditions.

External Uses.—After the cleansing of any diseased or suppurating surface by peroxide of hydrogen (medicinal), the application of glycozone stimulates healthy action and hastens the cure. For this purpose it has no superior in the entire range of therapeutics. It tends to check the discharge of irritating, unwholesome secretions and to prevent the infection of the sore by

pathogenic organisms. Its action in this respect is explained by the fact that it is both powerfully antiseptic and stimulant.

Follicular Pharyngitis, chronic coryza and ulcerative stomatitis are all benefitted by frequent applications of glycozone. As an application to ulcerated cervix-uteri and in tumefied conditions of the cervix and uterus it is far superior to pure glycerine.

In these cases, and for the cure of leucorrhœa, the remedy should be applied on small rolls of lint, or absorbent cotton, the vagina having first been thoroughly washed with an injection of peroxide of hydrogen one part, water four parts. This procedure should be repeated twice daily.—*Cyrus Edson, M.D., in Phila. Times-Register.*

TREATMENT OF INTRA-CRANIAL TUMORS IN CHILDREN.—Naturally the medicinal treatment of brain tumors must be in most cases merely palative. Gumma of the brain being a growth never met with in children, the question of anti-syphilitic treatment need not be discussed here. Tubercular tumors are by far the most common of all cerebral neoplasms in children (four times as many as sarcomata). Hence, though it be doubtful if much good can be done in the way of diminishing the extent of stopping the progress of such growths, it is still wise to make use of such anti-tubercular treatment as we judge suitable for the case. The routine of cod-liver oil, tonics, fresh air, and the like should certainly be carried out. It is possible that tuberculin or tuberculocidin may after a time be made available for such cases, although the subject is as yet too new for any pronounced opinion. Klebs' experience with tuberculocidin in tubercular diseases of the lungs, skin, bones and joints is both encouraging and promising.

It is usual in most cases of brain tumor of whatever nature to employ iodide of potassium in 10 to 20 grain doses, three times daily after eating, in an abundance of menstruum (water or milk), but this drug is so little useful that it should not be pushed so far as to give discomfort to the patient or interfere with nutrition. Arsenic is quite as useful as the iodide of potassium, if not more so.

In all cases there are symptoms, more or less severe, requiring

treatment, such as headache, intra-cranial pressure, insomnia and convulsions. For the headaches antipyrine (2 to 10 grains, according to age), cannabis Indica ($\frac{1}{2}$ to 3 minims of the fluid extract), morphine ($\frac{1}{60}$ to $\frac{1}{12}$ of a grain) and codeia ($\frac{1}{12}$ to $\frac{1}{4}$ of a grain or more) are all good agents, but require trial in each individual case before placing full reliance on either one.

Intra-cranial pressure is certainly relieved to a moderate extent by purges, prolonged warm baths, the hot, wet pack, and wet leg compresses. These remedies may quiet headache, relieve vertigo and vomiting, and allay insomnia. The bromides are often useful for insomnia, pain, restlessness and vomiting; are always indicated in combination with chloral whenever there is a tendency to convulsions. This is about all that can be said as to the medical side of treatment.

The question of surgical interference will arise, for in this lies the only hope of effective resistance to impending death. The simple operation of trephining, if carefully and antiseptically carried out, is not particularly dangerous, and is not only justifiable but a duty under circumstances where headaches are so agonizing as to be intolerable, and are not to be relieved by drugs or hydrotherapy. In such the trephining is done merely to relieve intra-cranial pressure and its results. It has, of course, no effect upon the progress of the disease.

When it comes to confront the problem of removing the tumor from the brain, we have a very grave matter to consider. In the first place the localizing of the tumor in the brain is, after all, not a simple matter. It is very difficult, and much more in children than adults, for the reason that some of the cortical areas (such as those for motor speech, visual and auditory word-memories) are not specialized in one hemisphere or the other as in the adult. Then, too, operations on the brains of children are much more dangerous than on those of adults. The mortality of cerebral operations in children is very great.

There is a large percentage of multiple tumors in childhood. Fully one-fourth of the tubercular tumors of the brain in children, and these, as already stated, are the most common tumors found in them, are multiple. In a case not long ago described by West, a boy, aged fourteen years, had twelve tubercular tumors scattered through his brain, while clinically he had given symptoms of but one.

Another fact of importance is that considerably more than nalf of the brain tumors of children are situated in structures in the posterior fossa of the skull, a region exceedingly dangerous to encroach upon in adults, but infinitely more so in children. It is the surgical *noli me tangere*.

Again, tumors of no well-defined limitation, so-called infiltrating tumors, are not uncommon in children, and the possibility of their perfect removal, without great injury to the brain and almost fatal result, is quite apparent.

After due consideration of the above points we are forced to the conclusion that we must be more conservative in advising surgical procedures in the brain tumors of children than we need in those of adults. When we have what seems to be pretty certain evidence of the presence of a single, solitary new growth in any part of the cortex of the cerebrum or the centrum ovale, we may attempt its removal with a fair hope of accomplishing a good result. Tumors of the cerebellum and at the base of the brain are to be avoided as far as removal by surgical procedure is concerned. The recidival tendency of most of the brain tumors of children must not in any case be forgotten. To sum up, it may be said that the whole matter of brain surgery as regards children is still in an early experimental stage.—*Fred'k Peterson, M.D., of New York City, in Progress.*

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

DYSMENORRHEA RELIEVED BY PAPINE.—N. F. Graham, M.D., Washington, D. C., reports a case of dysmenorrhea, for the relief of which he had previously used all the preparations of opium, when he tried papine, which relieved the pain as promptly as morphine, without leaving any bad after-effects, as was the case when he had prescribed other forms of opium.—*Alienist and Neurologist*

SALICYLATES IN THE TREATMENT OF PLEURAL EFFUSIONS.—Dr. George Dock (*Therap. Gaz.*) reviews this subject, and draws the following conclusions:

1. Salicylic acid and its salts are among the most effectual agents in the treatment of pleurisy with effusion.

2. In effective doses the remedy is harmless, and with proper care in the selection of the preparation and its administration, causes little or no discomfort to the patient.

3. Salicylates act most promptly in pleurisies with serous effusion of recent origin or of long standing, but they are efficient in simple dry pleurisy, and often act favorably in secondary pleurisy.

4. There is no evidence that they are useful in suppurative cases.

5. The drug acts as a diuretic, but may have an effect on the pathological process, or on the cause of the disease.

6. Salicylates have a more marked action on pleurisy than the diuretics commonly so-called.

7. The duration of treatment, with salicylate preparations, is less than with diuretics, common salt or roborant medication.

8. The remedy can be used at the earliest period, and favorably affects all symptoms.

9. The drug may be given in the form of the acid, or any of its salts, in doses of a drachm of the former, or one to two drachms of a salt daily. In ordinary cases it is not necessary to give the large doses; and sixty to ninety grains of sodium salicylate, or of salol, may be considered full-beginning doses, to be diminished one-third, or one-half, if the effect is manifest.

10. The ordinary precautions must be observed in giving the drugs, and during their administration the total amount of urine should be measured daily.—*Memphis Med. Monthly.*

THE editor of a physio-medical contemporary resents with indignation the statement of certain London and Edinburgh scientists that lobelia will kill a hog. The editor says he has used the drug for twenty years, and he thinks he ought to know.—*N. Y. Med. Times.*

PIXOL, A NEW DISINFECTANT.—The *Lancet's* Russian correspondent cites a report published in supplement to the *Army Medical Journal*, by Dr. Eberman, on pixol, a cheap disinfectant introduced by Dr. Raptchevski. It is prepared by dissolving a pound of green soap in three pounds of tar and slowly adding a solution of a little over three ounces and a half of either potash or soda in three pounds of water. At the time of using, one part of the syrupy liquid thus formed is added to nineteen parts of water, forming a five per cent. solution of pixol, and it is used in this strength for disinfecting linen and for washing the hands; for the disinfection of dejecta ten per cent. solution is recommended. Such a solution has been proved to be fatal to the bacillus anthracis, to the bacilli of typhoid fever and cholera, and to the cocci of suppuration. It is said that the preparation costs only about two cents a pound.—*Scientific American.*

THEODOR (*Archiv. für Kinderheilkund*, Vol. XV, Parts V to VII), in the observation of 353 cases of whooping-cough, draws the following conclusions, which are somewhat different from those commonly held. He has seen five cases with undoubted second attacks of the disease. His cases did not principally occur in winter and spring, but were spread indiscrimately over the whole year. In his series 25 per cent. were under eight months, in opposition to Eichart's view that the disease is rare under six months. The medication used chiefly was a combination of bromoform and antipyrine. He also used extract of hyoscyamus. The mortality was small, except in children under three months. —*Annals of Gynecology and Pædiatry.*

GLYCERINE is highly recommended as a dressing for the umbilical cord. It is antiseptic, and has also a distinct effect in promoting cicatrization.—*N. Y. Med. Times.*

THE eighth International Congress of Hygiene and Demography will be held at Budapest, late in August or early in September, 1894, under the patronage of the Emperor of Austria.

Editorial.

DISHONEST DRUGGISTS.

Having always had the highest esteem for reliable and honorable members of the pharmacal profession, recognizing in them valuable and potent allies in the treatment of disease, and appreciating their efforts of self-denial, self-sacrifice and unremitting zeal in behalf of suffering humanity, it is with feelings of regret that my attention has only too often been called to a sadly mistaken idea, on the part of some of them, of their duties, and the nefarious practice that some will resort to, when a specific prescription has been presented to them, and knowing that one or more ingredients are not on their shelves, or the particular compound called for is not to be found in their stock, they have had in some instances the candor to state: "We have not such and such an article," or "we have none of such a compound, but"—and, alas, then comes in the dishonesty—"*we have something else just as good!*"

Ah! my good fellow, how do you know you have something just as good? Have you seen and examined the patient for whom the prescription was intended? Have you devoted yourself to the study of physiology, pathology, and the other departments of a most exacting science and art, and have you had any practical experience or clinical teaching to qualify you to give an opinion, in perhaps a most critical case? Merely because you have not in your stock of drugs and pharmaceuticals the particular article called for, you are going to let the demon of paltry personal gain, the miserable profit to accrue to yourself, cause you to risk the health, or perhaps the life of a human being, to say nothing of damaging the professional reputation of a medical man who confides in you, sends you business and relies upon your honesty and integrity.

No, you have no such right, and your sole, bounden duty in the premises is to tell the bearer of the prescription that you

cannot fill it, giving your specific reason therefor, in writing if possible, and request that it be returned to the author with the request that you be permitted to make such and such modifications. In this manner you will discharge your full duty to yourself, the patient and the physician, and will unquestionably do more towards building up a business in which you can feel a just and reasonable pride.

I have had one course that I have uniformly pursued for years, and I would be glad indeed if I could induce every reader of this journal at least to adopt the same. Whenever I have had satisfactory evidence that such a nefarious practice has been resorted to by a druggist in my vicinity, I have taken special pains to see that he never had another opportunity of filling a prescription, no matter how simple, for me or one of my patients. Universal observance of such a course would break up one of the most outrageous practices that has brought no little discredit upon both the pharmacist and the medical professon.

With the closing days of last summer, I dismissed, as convalescent, a case of endometritis, which had been brought from a distant town to me for treatment. On her return home she wrote me that her last monthly period had produced rather more pain than she thought was right, and was followed by a degree of lassitude and weakness for some days, and requested that I send her a tonic or something to help her. Whereupon I wrote her a prescription for "*Hayden's Viburnum Comp.*," so well and so favorably known, confidently expecting that she would have no difficulty in readily finding so popular a compound in the town in which she lived. About a week later her husband wrote me that his wife was very ill, indeed; and that when he took the prescription to the druggist in his town he was met by the too often used statement, that "we hav'nt got this preparation, *but I can fix you up something that will do just as well.*" The result was that the patient had a very severe attack of gastric irritation that nearly destroyed her life from the effects of this "something just as good."

This is only one instance, and its recent occurrence alone justifies me in citing it. However, that druggist has lost one patron; for, on informing my correspondent that his wife's illness was unquestionably to be attributed to the duplicity of the druggist,

he assured me that said druggist will never again sell him so much as a box of blacking, a box of matches, or even a postage stamp. Now, I do not know what was substituted, but I do know that Dr. Hayden's most excellent preparation would produce no such results.

The attention of the medical profession has time and again been called to this serious question. It should be, it *must* be stopped. Whether it be one or more ingredients of a prescription, a proprietary compound, or the alkaloid, elixir, tincture, or pill of a certain pharmaceutical manufacturing establishment, that a physician prescribes for a patient, that patient should receive the special article designated and no other, unless so sanctioned by the physician. It is an outrage, a crying shame, a most dishonest act, to substitute anything else whatever, and in no instance should it be permitted.

The brainy and lucid editor of *The Doctor of Hygiene*, Cyrus W. Edson, M.D., who is also Commissioner of Health of New York City and State, and President of the Board of Pharmacy of the City and County of New York, in his live, wide-awake, and valuable publication of October 20th ult., has the following editorial, which we take pleasure in giving in full, on

"The Evils of Substitution."

"The term 'substitution,' in its commercial sense, is the perpetration of a fraud by the seller upon the buyer, the former selling the latter something different from the article demanded, under the same name. This fraud is really but another phase of commercial adulteration, and in the practice of pharmacy its evils are as assiduous and harmful as those of any crime committed by man. These evils are both direct and remote in their effects. They injure, first, the patient; second, the physician; third, the manufacturer. From the standpoint of the patient, the evil affects him directly and indirectly. The dishonest pharmacist has, of course, palmed off on his unsuspecting customer a cheaper preparation than that ordered by the prescriber, because the motive for the crime is, in ninety-nine cases out of a hundred, a mercenary one. The result to the patient from the inhibition of the substituted article may be one of the following: first, no therapeutic action; second, therapeutic action of less potency; third, therapeutic action of greater potency; fourth, therapeutic action of different character than aimed at by the prescriber. It needs no argument to prove that any of these four results would, uuder certain conditions, be likely to be disastrous to the patient.

The pharmacist is the responsible and trusted dispenser of the physicians's order, and when he acts differently than ordered by the doctor, he

snips at the thread of fate, possibly without the slightest idea of what will result from the snipping. Then he is no better than a man who fires a bullet among a crowd of people. The result in either case may be manslaughter. Let us take a less extreme view of the crime from the patient's standpoint. The latter fails to get benefit from his medicine, and, as a result, loses time and money. He was cheated when he bought the preparation. Now, indirectly, he has lost the fee he paid the physician, and last, but not least, he has lost confidence in his doctor.

From the standpoint of the physician the evils of substitution have a wider range in their effect than on the individual patient. Medicine has been said to be an inexact science. The reason of this is because it is very difficult to ascribe a given effect to a certain cause. In other words, so many causes operate to produce a given effect in the human economy that it is difficult to ascertain and fix upon a definite cause. Modern therapeutics is the outcome of the physician's observations and experience of the effect of drugs upon the human system. It is a science to which every physician contributes his mite or his much, according to his ability and his opportunity.

The pharmacist who substitutes, leads physicians astray. By presenting false premises to the latter, the former causes him to make erroneous deductions. The entire medical profession may thus feel the result of a single instance of substitution, and numerous other invalids suffer on the account of the errors following faulty experience in the case of the physician treating a single patient who is the victim of the fraud in question.

I have already spoken of the loss of confidence in his physician on the part of the victimized patient. This has not only a direct effect upon the invalid, because confidence in his doctor's efforts are, to a great extent, essential to the latter's success in the treatment of the case, but it may also cause the dismissal of the physician and his loss of what would have been a lucrative practice. In this country physicians have the reputation of being practical. They are the best practitioners in the world. In other countries, medical men are deeper students and better theorists; but here, we pride ourselves on the results we obtain in curing disease. The reason for this is because we strive less for honor and glory than we do for the almighty dollar. We must give our patients the worth of their money, and we know we will not be tolerated unless we do. Our patients are quick to discover mistakes, and they are laid at the door of the physician rather than at that of the pharmacist. If this was not the case, the subject of substitution would not be worth consideration, for it would be a rarely committed crime.

The question of injury to the manufacturer is a very important phase of the matter, for, rather, singularly, the remedy for the great evil must spring mainly from this source. This is not so strange after all when we come to think of it, for here we find the effects of the evils of substitution so direct and so distinctly felt that interest is natural. Nothing causes

men more concern than pecuniary loss. Cause and effect are here so closely associated that a hue cry at once follows. The manufacturer invests large sums in producing a reliable preparation; he spends more in bringing it before the medical profession. The latter find it worthy of use and patronize it until the weeds of substitution check its growth. The way these weeds act after what I have said is obvious. For example, some pharmacist substitutes an inferior mixture or drug in the preparation of the physician's prescription; the effect of the medicine on his patient is nil. The disappointed doctor heralds the fact to his brethren. Such news travels faster than any favorable comments, and undoes in a short time that which the manufacturer has taken months or perhaps years to accomplish. Great injury is in consequence done to a deserving business.

Then, again, the evil is a widespread one, and the same substitution in a good preparation is very large and directly affects its sale I know of no other crime that tends so much to destroy one's faith in man's goodness as substitution. For the sake of insignificant profit the dishonest pharmacist deliberately cheats and perhaps destroys his fellow man. I can only account for the practice by assuming that the perpetrator in some way persuades himself that he is doing no harm, that he is selling something "just as good," that he holds the judgement and knowledge of the physician in repute, and that he feels perfectly competent to act in the premises. It is a curious physiological fact that it is the easiest thing in the world for a man engaged in a nefarious trade to persuade himself that he is doing no harm so long as he is making money by his acts.

To correct the practice of substitution does not seem to me a difficult matter. A few years ago the adulteration of food products was a very serious fraud. Confectionery, for example, was greatly adulterated at that time. The exposure of the practice by the Health Department of New York City so injured the confectionery business that the reputable manufactures banded together in an Anti-Adulteration League. Not only did the Health Deparment cause the formation of the league in the way I have described, but the unfair competition engendered by adulteration also had its effect in forcing honest manufacturers to protect themselves. This league made it its business to run down and puuish all persons who adulterated their wares. The result was that in a short time adulteration ceased, and to-day it is impossible to find any adulterated candy offered for sale. Another instance of manufacturers banding together for mutual protection is offered by the Jewellers' Protective Association. This body pursues like an an avenging Nemesis any one who robs or cheats its members. Let the manufacturers of pharmaceutical preparations who suffer from the evils of substitutions form a like union and charge its agents with the duty of bringing to justice the perpetrators of the fraud of substitution. The Penal Code and the Pharmacy Act both afford excellent laws for the punishment of these criminals. The Board of Pharmacy is not sufficiently equipped to enforce the provisions of the

law to this end, and the Health Department is too busily engaged in fighting disease to cope with the evil. The formation of such a union as I have indicated, however. and the puntshment of a few offenders would soon stop the practice. The mere publication of a few instances of fraud, giving the names and addresses of the dishonest pharmacists, would go far towards suppressing substitution, for the public is quick to discover and shun the druggist who is considered unreliable and unscrupulous."

Another valued contemporary, *The St. Louis Courier of Medicine*, of November, has also an editorial on the same important subject, which we re-produce in full, headed—

"A Too Common Affront to the Profession."

"About a year since the *Journal of the American Medical Association*, in an editorial article, referred in unqualified language to the strained relations which it asserted were existing between physician and druggist; the salient cause being the habit of counter prescribing, coupled with the more vicious habit of substituting. Since then, if we may judge from the tone of the bulk of new literature being sent out, the substitution habit is shown to be the one great enemy overtopping all others, to successful medical practice.

We do not mean to assert that all pharmacists are given to the habit. On the contrary we believe a large majority of them to be entirely free from and above suspicion. Still the fact remains that substitution is practiced to such an exsent as to engender anxiety and timidity on the part of prescribing physicians.

Presistent effort at substitution is but a commendation of the genuine product sought to be imitated, and the practicing physician is quick to recognize the fact. And, once recognizing it, his confidence in the genuine is strengthened, while at the same time he is forced into the unpleasant attitude of maintaining a constant wariness over his prescriptions.

As fairly typifying this condition we give below an extract from Dr. Bostick, of Galena, written Oct. 24th, 1893, to the Antikamnia Chemical Co. This letter is, by the way, a fair prototype. He says:

"I became dissatisfied some time since with the action, or rather non-action, of what I supposed to be Antikamnia. I began to look into the matter and discovered the druggist had been substituting in my prescriptions. I then had him get me tablets which I felt sure he, with any appliances he had, could not imitate; since which time I have been entirely satisfied with its action. I am satisfied that much *stuff* is sold and palmed off as Antikamnia, much to the detriment of your article, which has proven so very satisfactory to me. In many cases where quinine is indicated, I cannot prescribe it on account of its action on the brain, unless with Antikamnia, which seems to remove the objectionable feature."

The foregoing will surely justify all practitioners, where they may have cause to suspect they are being subjected to any such practices, in insisting upon the perfect integrity of *everything* they specify in their prescrip-

tions. *The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenseless patient. He knows the specific effect of the genuine drug and knows equally well it cannot be successively imitated.*"

Yes, furthermore, I assert, that in all common honesty the *doctor* has the right to insist that no substitute whatever be used in any instance or under any circumstances unless with his consent and advice. In this, common justice to all parties sustains and should uphold. The doctor alone is competent to judge in this matter, he alone is responsible, and his dictates should be observed rigidly and scrupulously.

I make in conclusion the following extracts from a communication recently received from Dr. J. I. Fellows:

DEAR SIR: Owing to the dishonest attempts that are persistently being made to counterfeit my Compound Syrup of Hypophosphites, I find it necessary to write and ask your kind co-operation in my endeavor to check a method of business which, to say the least, involves considerable risk both to medical men and their patients, and at the same time tends to injure the reputation of a valuable remedy. * * * * * And it is a significant fact that, in bringing out a counterfeit, no advertiser ever claims that his own is an *improvement* on Fellows' Syrup, but merely states that it is "just as good," and seeks patronage for it on the ground of comparative cheapness. Now, in regard to the latter point, I may remark that the preparation of Fellows' Syrup necessitates great expense, as well as extreme care, in order to secure both *uniformity* and *stability* in its composition; and it would not be possible to produce it at a lower cost without sacrificing the important and distinctive peculiarities to which alone it owes its reputation. Moreover, the attempt to reduce the cost of production would not only mean an immediate deterioration in the character of the preparation, but would inevitably end in disappointment to the physician who prescribed it, and, possibly, in danger to the patient for whom it was prescribed. A great deal is said by advertisers at the present day as to the advantages of cheap medicines; but it requires little penetration to see that economies effected in this direction will be dearly purchased, if the evils to which I have above referred are the outcome of them."

If I prescribe "Fellows' Hypophosphites" my patient should receive that and nothing else. If McArthur's, Robinson's, or that of any other manufacturer, no one has the right to substitute anything else. I am responsible to my patient and the manufacturer to me. Any substitute without my approval and consent is both fraudulent and dishonest.

THE highest awards and medals at the World's Fair, were given to Reed & Carnrick's Infant Foods and Kumyegen.

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And it is a significant fact that, in bringing out a counterfeit, no advertiser ever claims that his own is an *improvement* on Fellows' Syrup, but merely states that it is "just as good," and seeks patronage for it on the ground of comparative cheapness. Now, in regard to the latter point, I may remark that the preparation of Fellows' Syrup necessitates great expense, as well as extreme care, in order to secure both *uniformity* and *stability* in its composition; and it would not be possible to produce it at a lower cost without sacrificing the important and distinctive peculiarities to which alone it owes its reputation. Moreover, the attempt to reduce the cost of production would not only mean an immediate deterioration in the character of the preparation, but would inevitably end in disappointment to the physician who prescribed it, and, possibly, in danger to the patient for whom it was prescribed. A great deal is said by advertisers at the present day as to the advantages of cheap medicines; but it requires little penetration to see that economies effected in this direction will be dearly purchased, if the evils to which I have above referred are the outcome of them."

If I prescribe "Fellows' Hypophosphites" my patient should receive that and nothing else. If McArthur's, Robinson's, or that of any other manufacturer, no one has the right to substitute anything else. I am responsible to my patient and the manufacturer to me. Any substitute without my approval and consent is both fraudulent and dishonest.

THE highest awards and medals at the World's Fair, were given to Reed & Carnrick's Infant Foods and Kumysgen.

law to this end, and the Health Department is too busily engaged in fighting disease to cope with the evil. The formation of such a union as I have indicated, however. and the puntshment of a few offenders would soon stop the practice. The mere publication of a few instances of fraud, giving the names and addresses of the dishonest pharmacists, would go far towards suppressing substitution, for the public is quick to discover and shun the druggist who is considered unreliable and unscrupulous."

Another valued contemporary, *The St. Louis Courier of Medicine*, of November, has also an editorial on the same important subject, which we re-produce in full, headed—

"A Too Common Affront to the Profession."

"About a year since the *Journal of the American Medical Association*, in an editorial article, referred in unqualified language to the strained relations which it asserted were existing between physician and druggist; the salient cause being the habit of counter prescribing, coupled with the more vicious habit of substituting. Since then, if we may judge from the tone of the bulk of new literature being sent out, the substitution habit is shown to be the one great enemy overtopping all others, to successful medical practice.

We do not mean to assert that all pharmacists are given to the habit. On the contrary we believe a large majority of them to be entirely free from and above suspicion. Still the fact remains that substitution is practiced to such an exsent as to engender anxiety and timidity on the part of prescribing physicians.

Presistent effort at substitution is but a commendation of the genuine product sought to be imitated, and the practicing physician is quick to recognize the fact. And, once recognizing it, his confidence in the genuine is strengthened, while at the same time he is forced into the unpleasant attitude of maintaining a constant wariness over his prescriptions.

As fairly typifying this condition we give below an extract from Dr. Bostick, of Galena, written Oct. 24th, 1893, to the Antikamnia Chemical Co. This letter is, by the way, a fair prototype. He says:

"I became dissatisfied some time since with the action, or rather non-action, of what I supposed to be Antikamnia. I began to look into the matter and discovered the druggist had been substituting in my prescriptions. I then had him get me tablets which I felt sure he, with any appliances he had, could not imitate; since which time I have been entirely satisfied with its action. I am satisfied that much *stuff* is sold and palmed off as Antikamnia, much to the detriment of your article, which has proven so very satisfactory to me. In many cases where quinine is indicated, I cannot prescribe it on account of its action on the brain, unless with Antikamnia, which seems to remove the objectionable feature."

The foregoing will surely justify all practitioners, where they may have cause to suspect they are being subjected to any such practices, in insisting upon the perfect integrity of *everything* they specify in their prescrip-

tions. *The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenseless patient. He knows the specific effect of the genuine drug and knows equally well it cannot be successively imitated.*"

Yes, furthermore, I assert, that in all common honesty the *doctor* has the right to insist that no substitute whatever be used in any instance or under any circumstances unless with his consent and advice. In this, common justice to all parties sustains and should uphold. The doctor alone is competent to judge in this matter, he alone is responsible, and his dictates should be observed rigidly and scrupulously.

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AN OUTRAGE ON DECENCY—A DISGRACE TO HUMANITY.

The following advertisement we clip from the *Nashville Daily American*, whose columns for weeks past has been thus prostituted in producing so vile and disgusting a procedure at "ten cents a line each insertion." And it is not solitary and alone in placing before its patrons, their sons and, Oh, greater shame! their daughters as well, advertising matter, that on the score of common decency should exclude it, and all its contemporaries containing like matter from transmission through the mails.

We give the advertisement *verbatim et literatim*, only excluding the address.

> PERSONAL—Married ladies' safeguard; patented; no medicine; no equal; money refunded if not satisfactory. Send 10c to ——— ——— ———, ——— ———, ———. se19 1y

And not content with thus bringing their foul suggestion before the public, reckless of who may read it; during this week, females, I cannot call them ladies, have been making a personal house to house visitation, canvassing and calling the attention of wives, mothers, daughters, and the school girls upon the streets of this fair city to so vile a suggestion in direct violation of all moral sensibility or the crudest dictates of virtue. O, tempora! O, mores! While we have statutes and penalties enacted against the vile abortionist, is there no way of protecting the sanctity of the household from a degradation that is not a shade better? The secular press that is expected to be an educator of public opinion verily needs a censorship in this enlightened period of the nineteenth century. Too often indeed is its widespread influence for good or *evil* purchaseable in the interests of such efforts to foist upon a too credulous and gullible people such foul and filthy suggestions that are only worse than their confreres the too often published appeals in behalf of "Sexual Weakness" and "Lost Manhood." Bah! Away with such—it fairly stinks in the nostrils of our people.

OUR LAST NUMBER FOR 1893.—In concluding my editorial labors with the fifteenth volume of THE SOUTHERN PRACTITIONER, I desire to tender my sincere and heartfelt thanks to its

many friends, patrons and readers. The subscription list, despite financial tribulation, panic, wrecked and stranded banks, and a generally all round stringency, timidity and pure cussedness in monetary circles has steadily increased; and the advertising patronage, limited exclusively to reliable and reputable articles and merchandise, has exceeded the most sanguine anticipations. Yes, my good friends, one and all, contributors, subscribers, patrons, readers and my fellow associates and brothers of the editorial tripod from whose weekly, monthly and quarterly scintillations I have derived so much benefit and pleasure, accept the kindliest thanks and the heartiest good will in my power to offer you, coupled with the assurance that the coming year will find no measures and no efforts on my part untried, to merit a continuance through another twelve months of the good will, assistance and support heretofore accorded the humble attempt to make this journal acceptable, readable and interesting.

If, my dear reader, you have not found in every number just what you wanted, do not forget that it has been placed in the hands of many others than yourself, and that items with which you in your erudition and experience were familiar, may have been of special benefit to some one less favored than yourself. Furthermore, I do not fear to hazard the assertion, that no one could have given its pages the scrutiny its contributions and selected matter deserved without receiving full value for the reasonable subscription price of only *One Dollar* a year. So then, come along with your renewals of subscription for 1894, and get your friends to join you. Vale, 1893!

A NEW DEPARTMENT and one to be highly commended is to be noticed in the last number of *The Chicago Clinical Review*, in which is found the titles, and author's names, carefully arranged of all papers, essays, communications, etc., published in the leading medical journals during the preceding month. It will certainly secure a well merited demand for our excellent contemporary and will afford its readers valuable information enabling them to find what has lately been written in the lines of medical progress and research. It not only shows what is being written each month, but who is doing the work and where it can be found.

WILLIAM R. WARNER & CO. GIVEN THE HIGHEST COLUMBIAN AWARD.—(Special to the Phila. Enquirer.)—

CHICAGO, Oct. 13.—W. R. Warner & Co., of Philadelphia, have obtained the highest prize for the purity and perfection of their medicinal and officinal standard pharmaceutical and chemical products.

This extensive firm have obtained hitherto twelve grand World's Fair prizes, and they must feel deservedly proud of the Columbian award, which is the highest of its class.

CHLORO-PHENIQUE IN DIPHTHERIA.—Dr. W. N. Bahrenberg, No. 919 Wash Street, St. Louis, Diseases of the Throat and Nose, in a letter dated October 31, 1892, says:

"In twelve cases of scarlatina accompanied by diphtheritic sore throat, treated by me recently, I used a spray composed of equal parts of Chloro-Phenique and water as a topical application. It caused an immediate cessation of fetor and gave great relief to the patient. Convalescence was rapid in every case. I have also used Chloro-Phenique as a gargle and mouth-wash, and as a spray in otorrhœa and ozæna, with uniformly good results."

IN THE TREATMENT OF NERVOUS DISEASES AND GENERAL DEBILITY, McArthur's Syrup Hypophosphites demonstrates its restorative powers. Here it is not the stimulating action of the remedies usually classed as tonics that is needed. The organic powers of the system are already taxed to their utmost ability to carry on the physiological processes of life. The Hypophosphites of lime and soda give the much-needed effect in these conditions—not that of a stimulant by irritation, but that of a true nutriment to the starving tissues. Its tonic effects are permanent as they are the effects of a richer blood supply, bringing healthy food and oxygen to the tissues. Thus the patient is gradually brought up to his normal condition.

SENNINE IN ECZEMA AND VENEREAL ULCERS.—DIOS CHEMICAL CO., St. Louis, Mo. *Gentlemen:*—The sample of Sennine you sent me came safely to hand, and I happened to have some cases that visited my office daily for treatment. In two cases of

ecezema covering the inner side of thigh I applied t
just as I received it from you, that is, full strength,
am happy to say that it acted like a charm in both ca
I applied Sennine to venereal ulcer and must say tha
any one could ask. I look upon Sennine as the anti
others and shall continue its use in my practice.

W. R. HARDES

Eureka Springs, Ark., Oct. 9, 1893.

DR. JNO. EDWIN HAYES says: I can cheerfully t
excellence of the preparation, Triple-Chlorides Co.,

In many pathological states of the pelvic organs
alterative action is plainly evidenced in absorbing pl
its and in establishing better nutrition and functiona

I am glad you publish the formula openly to the
stating not only the ingredients but the amount of e
the physician may easily determine its therapeutic in
use it with precision in each individual case.

Louisville, Ky., March 18, 1892.

DR. W. A. JONES, of Malvern, Ark., under date
1893, writes:

I have given Papine a thorough test and like it n
than any other preparation that I have ever used
opiates. It never nauseates, either primarily or seco
has given relief where all the other preparations of
failed. It acts well as a febrifuge.

FOR BRONCHITIS.—

℞. Neurosine.....
Syr. Senegæ.....

M.

Sig. Two teaspoonfuls every three hours.

FOR INTESTINAL TENESMUS (COLIC).—

℞. Tr. Opii Camph.....
Dioviburnia.....

M.

Sig. Tablespoonful as required.

Reviews and Book Notices.

HERNIA: Its Palliative and Radical Treatment in Adults, Children and Infants. By THOMAS H. MANLEY, A.M., M.D., Visiting Surgeon to Harlem Hospital; Consulting Surgeon to Fordham Hospital; Member of New York Academy of Medicine, American Medical Association, New York State and County Medical Associations, etc., etc. 8 vo. cloth, pp. 231, illustrated. THE MEDICAL PRESS CO., 1725 Arch Street, Philadelphia, Publishers. 1893.

A very excellent, full, yet concise consideration of the subject, entering fully into its origin; its morbid anatomy and treatment. From the author's preface we quote as follows:

Thousands of operations have recently been, and are being, performed for its radical cure; some operators claiming that intelligent surgical intervention will cure all, while on the contrary there are not a few, equally eminent, who deny that sanguineous methods ever effect a permanent cure. In this chaotic state it is but rational that we inquire just what surgery can do to relieve the infirmity, without danger to the patient's life.

It is only too evident to any observer who has made a study of the subject, that too much instrumentation—the indiscriminace application of the truss in infants—is productive of as much or more harm than too much operating in the adult.

The present aim of the writer is to endeavor to give to each therapeutic resource its due merit, and strive to indicate the precise limitation of each. Necessarily, tautology will be unavoidable, as there is no word in our language which wholly defines the condition for which the word hernia is commonly employed.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF GEORGIA. Forty-fourth Annual Session, held at Americus, Ga., April 19th, 20th and 21st, 1893. 8 vo. cloth, pp. 426; Published by the Association, Atlanta, Ga. 1893.

Handsomely printed and handsomely bound will hardly express the facts in regard to this beautiful volume of Transactions of the Medical Association of the great Empire State of

the South. It is a credit to one of the liveliest and most progressive medical organizations extant, and while we have not yet had time to go carefully over the forty or more papers, we can cordially commend it as a valuable contribution to the medical literature of 1893. The few papers that we have had time to read speak well for the association, and are equal of any others to be found elsewhere, and the discussions following each paper, are ample evidence that the good people of the good state of Georgia are as well supplied as any in the land with earnest, experienced and well educated medical men who are fully up with every advance of this progressive age.

One hundred and twenty members were in attendance.

The following are the officers for the ensuing year:

President, Dr. W. H. Elliott, of Savanah; Vice-President, Dr. G. T. Miller, of Americus and Dr. H. McHatton, of Macon; Secretary, Dr. Dan H. Howell, of Atlanta; Treasurer, Dr. E. C. Goodrich, of Augusta; Orator, Dr. S. C. Benedict, of Athens. The next meeting will be held in Atlanta, beginning on the third Wednesday in April 1894.

A SYSTEM OF GENITO-URINARY DISEASES, Syphilology and Dermatology, by various authors. Edited by Prince A. Morrow, A.M., M.D., Clinical Professor of Genito-Urinary Diseases; formerly Lecturer in Dermatology in the University of the City of New York; Surgeon to Charity Hospital, etc.; with illustrations. Royal 8 vo. cloth, in 3 vols., Vol. II. SYPHILOLOGY. Sold only by subscription. D. APPLETON & Co., 1, 3 and 5 Bond Street. New York. 1893.

The genius of modern medical literature is clearly in the direction of division of labor and associated effort. The marked favor with which the numerous "Systems" and "Cyclopædias" which have appeared in recent years have been received by the profession would seem to show that the composite treatise represents the ideal method of book-making. In fact, co-operation is the essential condition of thoroughness and completeness in a work covering a wide range of subjects.

We had occasion a few months ago to call the attention of our readers to the first volume of this grand work, and although the expressions used were commendatory, the highest enconiums would not more than do justice to the excellence maintained throughout the two volumes we have had the exceeding pleasure

to examine, and without which the medical library of the present day will be incomplete. In Volume II, devoted to the important, intricate and vast subject of Syphilology we find the following subjects considered by their respective authors:

Syphilis.—History, Geographical Distribution, by J. Nevins Hyde, M.D., Chicago; Etiology of Syphilis, by John A. Fordyce, M.D., New York; Modes of Infection, by L. Duncan Bulkley, M.D., New York; The Primary Affection, by Edward B. Bronson, M.D., New York; Constitutional Syphilis, by Joseph Zeisler, M.D., Chicago; Syphilitic Affections of the Skin, by Prince A. Morrow, M.D., New York; Syphilis of Appendages of the Skin, by Samuel Alexander, M.D., New York; Of Mucous Membranes, by Charles W. Allen, M.D., New York; Of Nose, Larynx, and Trachea, by John N. Mackenzie, M.D., Baltimore; Of the Viscera, by William T. Councilman, M.D., Baltimore; Of the Rectum and Anus, by James P. Tuttle, M.D., New York; Of the Genito-Urinary Organs of Both Sexes, by Eugene Fuller, M.D., New York; Of the Nervous System, Acquired, by B. Sachs, M.D., New York; Of the Ligaments, Bursæ, Tendons, and Joints, by Frank Hartley, M.D., New York; Of Bones, Cartilages, Fingers, and Toes, by Wisner R. Townsend, M.D., New York; Of the Eye and Its Appendages, by Charles Stedman, Bull, M.D., New York; Of the Ear, by J. Orne Green, M.D., Boston; Hereditary Syphilis, by Frederick R. Sturgis, M.D., New York; Affections of the Nervous System in Hereditary Syphilis, by W. N. Bullard, M.D., Boston; Affections of the Bones in Hereditary Syphilis, by W. R. Townsend, M.D., New York; Affections of the Eye in Hereditary Syphilis, by Charles Stedman Bull, M.D., New York; Affections of the Ear in Hereditary Syphilis, by J. Orne Green, M.D., Boston; Diagnosis and Prognosis of Syphilis, by Herman G. Klotz, M.D., New York, Prophylaxis and Treatment of Syphilis, by J. William White, M.D., Philadelphia; Relations of Syphilis to Public Health, Marriage, Etc., by Samuel T. Armstrong, M.D., New York; Chancroid, by Edward Martin, M.D., Philadelphia; Complications of Chancroid, by Edward Martin, M.D., Philadelphia.

The articles are all of the most practical character, and appeal directly to the needs of the general practitioner to whom

they will be found to be of the greatest value; as they are epitomes of all that is known on the respective subjects up to the date of the issue of the work.

THE MEDICAL NEWS VISITING LIST for 1894. Weekly, (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 176 pages of blanks. The 60-Patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, pocket, pencil, rubber, and catheter-scale, etc. Seal-Grain Leather, $1.25. Philadelphia: LEA BROTHERS & Co.

The Medical News Visiting List for 1894 has been thoroughly revised and brought up to date in every respect. The text portion (32 pages) contains an alphabetical Table of Diseases, with the most approved Remedies, a Table of Doses; sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, Diagnostic Table of Eruptive Fevers and the Ligation of Arteries. The classified blanks (176 pages) are arranged to hold records of all kinds of professional work, with memoranda and accounts. The Medical News Visiting List adapts itself to any system of keeping professional accounts. Each style is in one volume, bound in handsome red leather, with pocket, pencil, rubber, and catheter-scale, price, $1.25. When desired, A Ready Reference Thumb-letter Index is furnished, which is peculiar to this Visiting List, and will save many-fold its small cost (25 cents) in the economy of time effected during a year.

OUTLINES OF OBSTETRICS, A Syllabus of lectures delivered at the Long Island College Hospital, by CHARLES JEWETT, A.M., M.D., Professor of Obstetrics and Pediatrics in the College, and Obstetrician to the Hospital. Edited by HAROLD F. JEWETT, M.D., 8 vo. pp. 264, cloth, price $2.00. W. B. SAUNDERS, Publisher, 925 Walnut Street, Philadelphia. 1894.

This syllabus is intended as an aid to the study of obstetrics in both the didactic and the practical work of the college course. Its main aim is to help the student in securing a classified knowledge of the outlines of his subject, which, it is believed, should be the first step in the pursuit of any branch of learning. This

once accomplished, his progress will no longer be difficult. Upon a well-ordered frame-work of general facts and principles further acquisitions classify themselves, and a complete and systematic knowledge of the subject becomes a matter of comparatively easy growth.

It will prove of exceeding value in the class room, or when other duties are too pressing to permit recourse to more elaborate works on this subject.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK. Bound in Red Morocco, with Flap, Pocket and Pencil Loop, Price Post-paid, $1.00. Published Annually by the ILLUSTRATED MEDICAL JOURNAL Co., Detroit, Mich.

This popular day-book now in its sixteenth year of publication, is good for thirteen months from the first of any month that it may be begun, accommodate charges for fifty patients daily for that time, having cash department, and complete obstetric records. There is space for the diagnosis of each case, or for brief records of the treatment adopted, following each name-space. Name of each patient needs to be written but three times in a month. It has Dose List; Poisons and Antidotes; Urinary Tests; Exanthemata; Disinfectants; Weights and Measures, etc. The book is 7½ inches long and 3½ inches wide, so that it will carry bill-heads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces.

ASHURST'S SURGERY and DUANE'S MEDICAL DICTIONARY have been received, but notices of same have been crowded out of this number. They are two of the most valuable works issued this year. Our readers would do well to know more about them before purchasing a wook on surgery or a dictionary. Full notices in next issue.

OUR SUBSCRIBERS will greatly oblige by letting us know, in the event they fail to receive any number of this journal during the term of their subscription, so that we can make it good. Renewals of subscriptions for 1894 are now in order.

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